Florida for her most eloquent statement and historical outline of what has happened in terms of our special relationship with the people and the leaders of Taiwan. And she could not have said it better.

You know the old saying, If you're not at the table, you're going to be on the menu. I think Taiwan has been on the menu for too long. They need to be at the table and especially playing such a strong and important economic role as a democracy in Asia and as a beacon of light to all the people of Asia as to what it means to live under democratic conditions.

With that, Mr. Speaker, again I thank my good friend, the chairman, for his leadership in bringing this bill. I have no further speakers, so I yield back the balance of my time.

Mr. ROYCE. Mr. Speaker, it has been over 40 years since Taiwan last had a seat at the International Civil Aviation Organization. The volume of air traffic in and out of Taiwan's airports back then cannot be compared with that incredible volume of traffic, millions of planes a year, that come in and out of modern-day Taiwan.

Under the Visa Waiver Program, airlines have added even more flights in order to take advantage of greater demand for tourists and business travel from Taiwan into the United States. This number is only going to grow as more and more Taiwanese take advantage of the Visa Waiver Program.

It is time that we readmit Taiwan into ICAO so that everyone who boards a plane can have the utmost confidence about the safety of their trip. Aviation technology has progressed by leaps and bounds, and the idea that Taiwan cannot directly communicate with the United States or any other nation engaging in issues regarding air safety is not in anyone's interest. That's not in the interest of any nation.

I urge my colleagues to join in supporting H.R. 1151. Taiwan is one of America's closest friends in the world. We share so much in common, including a steadfast dedication to democracy and the rule of law and human rights; and it is time that we fixed this problem.

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

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in support of H.R. 1151, a resolution in support of one of our nation's closest friends in the Asia-Pacific Region, Taiwan.

This resolution directs the State Department to develop a strategy to obtain observer status for Taiwan at the upcoming International Civil Aviation Organization Assembly.

The United States, in the 1994 Taiwan Policy Review, declared its intention to support Taiwan's participation in appropriate international organizations and has consistently reiterated that support.

In 2004, this Chamber voted, with my support, legislation in support of Taiwan's efforts to gain observer status to the World Health Organization. Those efforts finally succeeded in 2009 when Taiwan was included in the International Health Regulations (IHR).

For decades, Taiwan has been a key security, economic, and political partner for the American people.

Taiwan has been one of America's biggest trading partners for many years—the 11th largest in 2012—purchasing nearly $25 billion worth of American goods that year.

Taiwan is also a global leader in information technology, telecommunications, and other knowledge-based industries.

Most significantly, Taiwan is becoming a beacon of democracy for the Chinese people after their successful, open elections in 2008 and 2012.

It is important for this Chamber to continue its support of the Taiwanese people and enhance Taiwan's standing in international bodies.

I ask my colleagues on both sides of the aisle to join me and vote in support of America's partner in peace and prosperity, Taiwan.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. ROYCE) that the House suspend the rules and pass the bill, H.R. 1151.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

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

The yeas and nays were ordered.

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

PROVIDING FOR CONSIDERATION OF H.R. 1947, FEDERAL AGRICULTURE REFORM AND RISK MANAGEMENT ACT OF 2013; AND PROVIDING FOR CONSIDERATION OF H.R. 1797, PAIN-CAPABLE UNBORN CHILD PROTECTION ACT

Ms. FOXX. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 266 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 266

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1947) to provide for the reform and continuation of agricultural and other programs of the Department of Agriculture through fiscal year 2018, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Agriculture. After general debate, the Committee of the Whole shall rise without motion. No further consideration of the bill shall be in order except pursuant to a subsequent order of the House.

SEC. 2. Upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 1797) to amend title 18, United States Code, to protect pain-capable unborn children in the District of Columbia, and for other purposes. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 113-15 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary; and (2) one motion to recommit with or without instructions.

□ 1320

POINT OF ORDER

Ms. EDWARDS. Mr. Speaker, I raise a point of order against H. Res. 266 because the resolution violates section 426(a) of the Congressional Budget Act. The resolution contains a waiver of all points of order against consideration of the bill, H.R. 1797, which includes a waiver of section 425 of the Congressional Budget Act, which causes a violation of section 426(a).

The SPEAKER pro tempore. The gentlewoman from Maryland makes a point of order that the resolution violates section 426(a) of the Congressional Budget Act of 1974.

The gentlewoman has met the threshold burden under the rule and the gentlewoman from Maryland and a Member opposed each will control 10 minutes of debate on the question of consideration. Following debate, the Chair will put the question of consideration as the statutory means of disposing of the point of order.

The Chair recognizes the gentlewoman from Maryland.

Ms. EDWARDS. Mr. Speaker, when the majority began this Congress, it began with the idea, in their language, that they would adhere to fiscal responsibility and to constitutionality—in fact, we read the Constitution on the floor of this body—and that they had learned the lessons from the election slaughtering in 2012, and that is to stop the assault on women's health care. But, oh, no. Here we are today with a bill, H.R. 1797, that violates the Congressional Budget Act, that violates the Constitution, and that violates the doctor-patient relationship that a woman has with her doctor, and we haven't focused on jobs.

So, when you look at H.R. 1797, the Pain-Capable Unborn Child Protection Act, it would impose a ban across the country on abortion after 20 weeks. Aside from ignoring medical realities and placing the lives of mothers with serious medical conditions at risk through governmental interference with the doctor-patient relationship, the underlying bill also includes reporting requirements that, according to the Congressional Budget Act, which it would violate, would add costs to local law enforcement.

With a total of 25 States introducing 64 similar abortion-ban measures in the

last 3 years, this bill is yet another assault on women's reproductive rights and is blatantly unconstitutional.

Abortion care in this country is a private, medical decision that's made between a woman and her health care provider. Those are the only people who should be in the room. And yet here in this legislation they've created just a narrow exception that doesn't even take into account the risk to a woman's health and would subject physicians to criminal penalties for caring for their patients.

H.R. 1797 contains unreasonable, unjustified penalties for doctors, including 5 years in jail, and would have a negative impact on abortion care and reproductive health care all across the country. By jeopardizing and criminalizing abortion care, we limit the options women have to receive comprehensive reproductive health care. And these limitations could lead women to access abortion care that is both unsafe and dangerous to their health.

I'd like to yield 15 seconds to the other side if they would care to address the question of whether this closed rule means that there will not be a single amendment or alternative offered to this bill, which has a profound effect on women's health and reproductive rights. I yield 15 seconds to the gentlewoman from North Carolina if she cares to answer that question.

Ms. FOXX. Mr. Speaker, this is a dilatory tactic and has nothing to do with our bill.

Ms. EDWARDS. Well, reclaiming my time, under the rule, it's the case that the bill I believe that we'll vote on today for final passage has not followed regular order, and it has been rewritten after its adoption in the Judiciary Committee. The American College of Obstetricians and Gynecologists, the Nation's leading medical experts on women's health, strongly opposes a 20-week ban citing the threats these laws pose to women's health.

With that, I would like to yield 1 minute to my colleague from California (Mr. PETERS).

Mr. PETERS of California. Mr. Speaker, today we're discussing a bill that's divisive, will never become law, and is an affront to women's health.

As a longtime advocate for a woman's right to choose and the idea that women and their doctors should be making personal health decisions, not politicians, I stand in strong opposition.

This 20-week abortion ban is a harmful measure that jeopardizes a woman's health and her ability to have a family in the future by denying her access to an abortion even if she experiences severe, dangerous health complications as a result of a pregnancy.

In a potentially life-threatening situation, a woman and her doctor deserve to have every medical option available to them. This bill is clearly unconstitutional and an attempt to substitute politicians' judgment for that of doctors and their patients as they make their difficult, personal medical decisions.

Instead of bringing bills to the floor that address the major issues facing our country right now, the Speaker and majority leader have brought another bill to a vote that is much more about political posturing than helping America's economy or students.

I ask the leadership of the House, how many jobs does this bill create? Does this bill help balance our budget? How many student loans will be kept at a low rate by passing this bill?

Ms. EDWARDS. I reserve the balance of my time.

Ms. FOXX. Mr. Speaker, I rise to claim time in opposition to the point of order and in favor of consideration of the resolution.

The SPEAKER pro tempore. The gentlewoman from North Carolina is recognized for 10 minutes.

Ms. FOXX. Mr. Speaker, the question before the House is: Should the House now consider H. Res. 266? While the resolution waives all points of order against consideration of the bill, the Committee on Rules is not aware of any violation of the Unfunded Mandates Reform Act. This is a dilatory tactic.

In order to allow the House to continue its scheduled business for the day, I urge Members to vote ''yes'' on the question of consideration of the resolution, and I reserve the balance of my time.

Ms. EDWARDS. Mr. Speaker, it's very clear to me that the underlying bill, in fact, does violate the Congressional Budget Act. It imposes an unfunded mandate on local police departments for the work that they do.

Now, it's this crowd on the other side of the aisle, Mr. Speaker, who is opposed to unfunded mandates. Nevertheless, it's also true that, in fact, the decision to receive an abortion in this country, particularly late in a pregnancy, is an intensely personal decision, and yet it's the suits on the other side of the aisle who've decided that it's their decision to interfere with a woman's right to make those choices between herself and her doctor. It's a decision that none of us wants to face and one that legislators, particularly Members of Congress, should not interfere with.

The bill also cites the Constitution as its authority in order to qualify under the rules of the House. And yet it is blatantly—blatantly—unconstitutional, completely inconsistent with the Supreme Court's decision in Roe v. Wade.

And so I'd like to yield 15 seconds, again, to the gentlewoman from the other side to ask her whether, under the definitions in this bill, what does it mean to not have protection of the life of the mother include psychological or emotional condition?

Well, the gentlewoman can't answer that, and so I suppose I could ask her, as well, if the Speaker would allow, I yield, again, 15 seconds to the gentlewoman, if this bill cites the Constitution as its authority in order to qualify under the rules of the House, and yet it's blatantly unconstitutional, do House rules allow it to be considered, allow H.R. 1797 even to be considered on the floor of this House if it's unconstitutional?

I yield 15 seconds to the gentlewoman.

Ms. FOXX. Mr. Speaker, I will repeat what I said before. This is a dilatory tactic, and we should be moving on to the resolution.

□ 1330

Ms. EDWARDS. Mr. Speaker, reclaiming my time, I know that the gentlewoman from North Carolina and the other side would prefer to yield and move on with a bill that violates the Budget Control Act, violates the Constitution, and violates the relationship between a doctor and a patient; and yet the decision to receive an abortion is a woman's, and a woman's alone.

In addition, H.R. 1797 infringes on the right of the District of Columbia to make decisions about the way in which it cares for its residents. I mean, the majority is all over the place—interfering with the District of Columbia, interfering with women's rights to make the decision by themselves, and actually stepping on the toes of local law enforcement to impose costs on them to enforce an unconstitutional bill. Thank goodness it won't become law.

The sponsor of this bill is certainly entitled to his beliefs—and it was a ''his,'' because on the Judiciary Committee that considered this, there's not a single Republican woman who had the chance to consider this on the Judiciary Committee. And yet the role of the government should not be to limit access to health care or to limit the freedom and liberties of the public. We should recognize that this decision is one best left to a woman, in consultation with her doctor, her family, and her faith.

Women across this country don't rely on Congress and politicians to advise them on mammograms, cervical cancer screenings, or maternal health needs; and abortion is no different. As with these other procedures, we should make comprehensive health care available to all women and allow them, with the consult of their health provider and loved ones, to decide when, how, and why they take care of their health.

Americans, including women, sent a clear message last November at the polls. They're tired of Congress meddling in their business and taking extreme and divisive legislation targeted at assaulting women's health.

And so with that, I'd actually yield another 15 seconds to the gentlewoman from North Carolina if she would care to respond: Whether today, given that 40 percent of women are primary breadwinners in their household, but women continue to face workplace challenges,

pay inequity, and other barriers to fully contribute to our economy, would you agree that this bill does not address those economic challenges for women, or create jobs, and is an exercise in political theater at best?

With that, I yield 10 seconds to the gentlewoman to respond.

Ms. FOXX. I thank the gentlewoman for asking the question.

What I think most Americans would wonder, Mr. Speaker, is where is the due process for the millions of babies who are murdered every year in this country by these unconscionable tactics of abortion.

Ms. EDWARDS. Reclaiming my time, I'd like to yield 15 seconds to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Yes, I would just like to ask a question:

Are there any Republican women on the House Judiciary Committee, which reported this legislation? And do you think it's fair or proper for a body of men to solely determine one of the most important and private decisions a woman can make in regard to her own health and body?

Ms. EDWARDS. I reserve the balance of my time.

Ms. FOXX. I reserve the balance of my time.

The SPEAKER pro tempore. The gentlewoman from Maryland has 1¼ minutes remaining.

Ms. EDWARDS. Mr. Speaker, I guess I just have a few questions that I will put out there on the table.

The American people want us to work to address the Nation's most urgent priorities, like creating jobs and strengthening the economy. I wonder if the Speaker at all can inform us what jobs this particular bill creates.

Under the new reporting requirements in this bill for rape and incest victims, would they have to report even if their life is in danger from the perpetrator? Curious question. Does this bill disqualify more than half of all rape victims, since 54 percent of these rape victims do not report rape due to intimidation and embarrassment? Under the definitions in this bill, what does it mean not to have protection of the life of the mother included in psychological and emotional conditions? Does the bill disqualify, again, rape victims? Is it the case that the bill redefines what qualifies as incest by only applying it to a minor? So an adult, who has been victimized by a relative since childhood and who gets pregnant, is not allowed to have an abortion or a pregnancy with that relative? We have a lot of questions.

Mr. Speaker, I have to tell you, women across America are tired of having their rights assaulted. They're tired of having their health care decisions taken from them. We need to vote down H.R. 1797.

I yield back the balance of my time.

Ms. FOXX. Mr. Speaker, in order to allow the House to continue its scheduled business for the day, I urge Members to vote ''yes'' on the question of consideration of the resolution, and I yield back the balance of my time.

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

The question is, Will the House now consider the resolution?

The question of consideration was decided in the affirmative.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore. The gentlewoman from North Carolina is recognized for 1 hour.

Ms. FOXX. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlelady from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Ms. FOXX. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from North Carolina?

There was no objection.

Ms. FOXX. Mr. Speaker, House Resolution 266 provides for a closed rule providing for consideration of H.R. 1797, the Pain-Capable Unborn Child Protection Act, and general debate for H.R. 1947, the Federal Agriculture Reform and Risk Management Act.

Mr. Speaker, the rule before us today provides for general debate of H.R. 1947, the Federal Agriculture Reform and Risk Management Act, also known as the FARRM Bill. This legislation provides for a 5-year authorization of Federal agriculture and nutrition policy.

H.R. 1947 makes necessary reforms and updates to the Supplemental Nutrition Assistance Program, previously known as food stamps, as well as Federal agriculture policy. It is important to make commonsense changes to these programs to ensure their viability and that they remain targeted to those most in need of assistance. This year's version of the farm bill has gone through regular order, including numerous hearings at the Agriculture Committee, a full committee markup and amendment process.

Additionally, the Rules Committee has received hundreds of amendments from Members seeking to further improve the bill during floor consideration. House Republicans remain committed to an open, transparent process; and I am pleased to say we're continuing that commitment with the consideration and process for the FARRM Bill.

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

Ms. SLAUGHTER. Mr. Speaker, I thank the gentlelady for yielding me the customary 30 minutes and yield myself such time as I may consume.

Mr. Speaker, for 40 years I've been marching for this women's choice bill, but we seem never to finish with it. It's something that people like to drag up and bring out.

In that regard, I want to ask the women of America to think of two things. First, I want you to remember the panel that Chairman ISSA put together last year to discuss contraception and whether or not women should have access to it. If you recall, that panel was made up entirely of men. There was a young woman, a graduate of law school, who wanted to speak that day; but she was found to be unworthy, unable to speak. Indeed, her virtue, her character, everything else about her was assailed because she had tried to do what many of us know we can do here, and that is speak.

Think about another thing now. Think about the Judiciary Committee; 22—now 23—all white guys turning down every amendment to try to preserve women's health, to try to preserve women's psyche, and do anything in the world to do this—and to try to discuss that this bill, as my colleague vainly tried to do, that this is unconstitutional. Everybody knows it. Everybody knows the Senate's not going to take this up. This is purely window dressing.

And as I do here often, I want to remind everybody that it costs $24 million a week to run the House of Representatives. We've spent over $54 billion almost already now just trying to repeal the health care bill.

□ 1340

When in the world are we going to get to work? 2½ weeks from now, the interest rate on college loans will double. Are we doing anything about that? Not a thing on Earth. Do we care about the people who are out of work? Do we care about the people who are facing loss of their food stamps? No. We care more about war on women. Women of America, keep those two panels before your mind forever. Those are the deciders—the men on ISSA's panel, the men on the Judiciary Committee.

Now, in State Houses all over this country, and in Governors' mansions and Halls of Congress, the majority's antichoice agenda is driven by men in blue suits and red ties who seem to believe that once they get elected to something, they have a right to play doctor. I would like to think about what they have done over the last years to remind my fellow American women.

Already, because of the majority's efforts, women in eight States are required to undergo an ultrasound before they can exercise their constitutionally protected right to a safe and legal abortion—an ultrasound that is not medically necessary, an ultrasound that is medically contradicted, and an ultrasound for which they are required themselves to pay. As we speak, the legislators in the State of Wisconsin have passed a similar measure through the State House and are awaiting the enactment into law.

Most telling is right now more States have a waiting period for abortions

than a waiting period to buy a gun. Let me say that again. More States have a waiting period for abortions—a constitutionally protected procedure—than have a waiting period to buy a gun.

Now, here in Congress, the majority conducted a hearing at the Oversight and Government Reform Committee last year that I have already spoken of. There were five men and zero women. As you know, they talked about Sandra Fluke and all the vituperation and hatred that was poured down on her because she wanted to speak.

But just last week—I think this past week—the majority took it a whole lot further. For the first time, during the committee, after it was all passed and gone, before it goes to the Rules Committee, the sponsor of this bill made one of those comments like Todd Akin had made. And I think if you scratch an awful lot of guys on that committee, they all feel the same way because it keeps coming up over and over. You can't get pregnant, they say, if you're raped. They believe that in the bottom of their heart, and some of them were doctors. But during the committee amendments to include the exceptions for the health of the mother and victims of rape and incest, they were rejected along party lines.

Mr. FRANKS has been taken off the bill, and for the first time, in my recollection, unanimous consent has to be given here to ask a woman—they have found a Republican woman who would take this bill—off a completely other committee and allow her to manage the bill. If that is not a first, I don't know what is. And if that is not PR, I don't know what is. And if that is not simply trying to fool you, I don't know what else that is.

As Mr. FRANKS' remark and the extreme nature of his bill became clear, they realized they were about to anger the American women even more than they had last fall, and you know how that turned out at the election. Instead of abandoning the legislation and respecting a woman's right to choose, they decided to try to make changes to the underlying bill, after it had already passed through committee, and assign a woman outside the committee to manage a bill on the floor.

Such a cowardly move is an insult to the intelligence of women in America. You are supposed to believe this was all done well and properly. No amount of window dressing is going to change the fact that you are severely trying to restrict a woman's right to choose with today's bill. I don't think anybody makes any bones about that.

The majority has argued the legislation is in response to new science, even though if there has ever been a House of Representatives that cared not a whit for science, I can't imagine they would come even close to this one. When a fetus feels pain is the new idea. As my colleague, Mr. NADLER, has previously made clear, their so-called ''new findings'' are nothing more than the marginal views that fly in the face of established science. In fact, one of the experts upon which the majority relies has testified that science for and against fetal pain is most uncertain.

The fact of the matter is that today's legislation is unconstitutional and contains a narrow and adequate exception for the life of a woman and a victim of rape and incest. No man on any of those committees, no man on any of those panels, is ever going to have to face that problem himself of rape and incest. How strange it is that they know the precise answer for people who are victimized by it.

Many serious health conditions actually materialize or worsen after the 20-week mark in a pregnancy and can seriously compromise the health of the mother. A physician has to be able to provide the best care for their patients; and in cases where a woman's health is exacerbated by pregnancy, politicians have no right in intruding in the doctor-patient relationship and criminalizing those trying to protect their patients' lives and safety.

Furthermore, the majority's requirement that a victim of rape or incest report the crime to authorities before receiving an abortion effectively prevents many victims from exercising the right to choose. More than half of all rape victims, as we know, don't report, and that is a sad thing.

The requirement in today's bill ensures that a woman who has been a victim of rape or incest faces massive barriers to exercising her right to safe and legal reproductive health care. Mr. Speaker, from requiring women to undergo mandatory ultrasounds to applying police reporting requirements for victims of rape, the majority has made it very clear that they don't trust women. In fact, it came up at the Judiciary Committee that one of the reasons they needed to report it to police is because women would lie. I think they make an exception in that case for their sisters, their daughters, their mothers, perhaps. It is just the rest of us who can't be trusted.

Try as he might, no man will ever understand the choice that faces a young woman who is told that she suffers from severe valvular heart disease and that, if she carries a child to term, her life and the life of that child are at risk, or the choice of a woman who is violently raped and would be reminded of the crime against her every moment of every day if she is forced to carry the pregnancy to term.

I urge my colleagues to respect the established science on this issue and the constitutional right of every American woman. Reject today's rule and the underlying legislation.

I reserve the balance of my time.

Ms. FOXX. Mr. Speaker, I suspect that my colleague from New York knows this, but I will make sure it gets into the RECORD.

In the 2007 case of Gonzales v Carhart, the Supreme Court made clear that there is a ''legitimate interest of the government in protecting the life of the fetus that may become a child.'' The Supreme Court has also made clear that ''the government may use its voice and its regulatory authority to show its profound respect for the life within the woman,'' and that Congress may show such respect for the unborn through ''specific regulation because it implicates additional ethical and moral concerns that justify a special prohibition.''

Mr. Speaker, I am really troubled by the fact that so many of my colleagues simply refuse to acknowledge that we're dealing with human life in this situation, in the situation of abortion. My heart goes out to any woman who is facing a situation where they're considering abortion. I think every member of our conference feels that way—men and women. Nobody takes the issue of abortion lightly. Unfortunately, not enough attention is being paid to the unborn child.

Mr. Speaker, I would like to yield, now, 3 minutes to the distinguished gentleman from Louisiana, Dr.—Congressman—FLEMING.

Mr. FLEMING. Mr. Speaker, I want to thank the gentlelady from North Carolina for all of the great work she has done on this.

I rise today, Mr. Speaker, to support the rule and the underlying bill, the Pain-Capable Unborn Child Protection Act, that is so vital.

My background: I'm a physician who has delivered hundreds of babies during my career. In addition to that, I'm a husband of 35 years, a father of four—two boys, two girls—a grandfather of two boys, and soon, in 6 weeks, grandfather of a little girl, a little granddaughter, and I'm so proud.

□ 1350

Let me tell you for a moment about what I witnessed.

At about the time of the 20 weeks, midterm, the 4–D ultrasound now gives such an amazing view into the window of that womb. What did I see? I could see that that little girl looks just like her big brother. Number two, in another frame, she is sucking her thumb. Then in another frame, she is holding up two fingers as though to say, Be patient. I'll be out soon.

We have such wonderful technology, such technology that, today, we can actually do surgery on a fetus at 20 weeks in order to fix a heart ailment or some other condition that may kill the baby in the womb or soon thereafter. What have we learned from this technology? We have learned that they feel pain. We have to provide anesthesia.

Mr. Speaker, our friends on the other side of the aisle, when it comes to animals, are all about the Humane Society and about the humane treatment of animals, and I have a high regard for that. When it comes to the issue of torture or even of discomfort for prisoners of war, they are all about supporting that.

But what happens in a midterm or later pregnancy when there is an abortion? What happens is just absolute

torture. You realize that, in Washington, D.C., today, a woman can go for an abortion while she is in labor at term. And how would you do the abortion? How is it done? How did Dr. Gosnell do it? You stick a trocar into the skull, suck the brain out, literally dismember the baby limb from limb. What torture and what pain.

Is that really the kind of people we are, Mr. Speaker? I think not.

We understand that at least at 20 weeks, maybe sooner, the baby feels pain. So I would just submit to you today, Mr. Speaker, that this bill is not just about abortion—this is about pain; it's about torture to that young life. We can't say that this is like an amputation of a limb. That baby inside the womb has a distinct DNA that you will never see again either in history or in the future. It is a different human being. It's living there inside of its mother. So I am in support of this bill.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. I rise in strong opposition to this rule and to the blatantly unconstitutional underlying legislation, which threatens the health and basic rights of women all over America.

Right now, we should be working to create jobs and grow the economy. Instead, here we are again with the majority's trying to insert their extreme and divisive ideological preferences into law. Yet again, they are trying to impose their traditional view of a woman's role on everyone else—force women back into these traditional roles with limited opportunities.

This legislation, which attempts to ban virtually all abortions after 20 weeks, is a clear violation of the law of the land, and it has already been struck down in its sponsor's home State of Arizona, but they don't give much regard for the law of the land. Witness the number of times that they have voted to repeal the Affordable Care Act—37 times. This bill is anti-choice, anti-Constitution, anti-science, and it is, yes, anti-woman.

There is no exception in this bill for women whose health is threatened by carrying the fetus to term. Yes, why should we worry about women's health or whether they live or whether they die? Instead, this bill puts the Federal Government squarely between a woman and her doctor. It threatens doctors with 5 years in jail if they perform a legal, constitutional and sometimes medically necessary procedure.

I ask my colleagues on the other side of the aisle:

Does the bill disqualify more than half of all rape victims since 54 percent of these victims do not report a rape due to intimidation or embarrassment?

Or under the new reporting requirements in this bill for rape and incest victims, would they have to report even if their lives are in danger from the perpetrators?

And yes, is it the case that this bill redefines what qualifies as ''incest'' by only applying it to a minor? Therefore, an adult who has been victimized by a relative since childhood and who gets pregnant is not allowed to have an abortion from pregnancy with that relative?

Simply put, this proposed ban is antithetical to our laws and is an affront to women's health, and I urge my colleagues to oppose it.

Ms. FOXX. Mr. Speaker, I now yield 2 minutes to the distinguished gentleman from Oklahoma (Mr. BRIDENSTINE).

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

In a report commissioned by the Department of Justice, Dr. Anand, a fetal pain expert, wrote:

> It is my opinion that the human fetus possesses the ability to experience pain from 20 weeks of gestation, and the pain perceived by a fetus is possibly more intense than that perceived by term newborns or older children.

The reality of Dr. Anand's statement is seen in the fact that surgeons routinely administer anesthesia to unborn children before performing neonatal surgery. The truth is that at 20 weeks these unborn children feel every bit of pain inflicted on them in the name of ''choice'' and in the name of ''convenience.''

Mr. Speaker, what we do with this knowledge says a lot about us. If we turn a blind eye to the agony and suffering of our most vulnerable, can we say that we are still a Nation that pursues life, liberty and the pursuit of happiness? If we willingly embrace cruelty in the name of ''choice,'' then can we say with integrity that we continue to secure the blessings of liberty not only for ourselves but for our posterity?

The good news is that, for those who have been affected by the pain of abortion, there is one who chose, who made a real choice, to endure pain on behalf of all of us, and by His stripes we are healed.

Mr. Speaker, as Members of Congress, let us remember that even though we may not be able to hear their cries we are not absolved from the guilt of ignoring their pain.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. First, let me thank the gentlelady for yielding, but more importantly, I just want to thank Congresswoman SLAUGHTER, our ranking member on the Rules Committee, for fighting for women's health and for the rights of women, really, all of her life.

Thank you so much.

I rise in strong opposition to this rule and the underlying bill. Once again, the Republicans have decided to make women's health a battleground as part of their, yes, ongoing war on women.

The bill on the floor this week is nothing more than a direct challenge to Roe v. Wade and a vehicle for yet another ideological attack against women's reproductive rights. In fact, this is the 10th time that the Republicans have forced a vote on this topic since taking control of the House in 2011. The bill is a direct threat to the privacy rights and health of every woman living in this country and especially to women of color, who already face an increased stigma and other barriers to reproductive health due to the terrible Hyde amendment. Now, I remember the days of back alley abortions. Many women died and were permanently injured before Roe v. Wade. With this bill, Republicans have decided to try to take us back there—to threaten physicians, for instance, with criminal prosecution.

Can you imagine a criminal prosecution for attempting to provide the medically accurate information and care that is best for their patients? Why in the world should Members of Congress or any legislator interfere with women's personal health choices?

These private decisions should always be between a woman, her family, her doctor, or whomever else she chooses to help in making these very difficult decisions. We should not be making it—not you nor I. We should let women make their own decisions. Congress has no business in the personal lives of women—no business.

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

Ms. SLAUGHTER. I yield the gentlelady an additional 10 seconds.

Ms. LEE of California. We need to vote ''no'' on this rule and this bill. We need to get back to the real business—like creating jobs—that we should be doing, like creating economic opportunities we should be doing. We should be trying to figure out how to reduce poverty. We should be trying to figure out how to ensure our young people have the best quality public education. There are many issues this Congress needs to take on. Why don't you stay out of the personal lives of women. It has no place on this floor.

□ 1400

Ms. FOXX. Mr. Speaker, contrary to what our colleagues on the other side of the aisle are accusing us of, we're talking about the beginning of the 6th month of pregnancy. Nothing in this bill has any impact on abortion during the first 20 weeks.

With that, Mr. Speaker, I now yield 2 minutes to my distinguished colleague from Montana (Mr. DAINES).

Mr. DAINES. Mr. Speaker, as a person of conscience, I believe we are called to protect the most vulnerable in our society.

The Pain-Capable Unborn Child Protection Act is an important measure to do exactly that: protect unborn children who can feel pain. And as parents of four children, two boys and two girls, Cindy and I instinctively do all

we can as parents to protect our children from pain.

During the Gosnell trial, we all learned of the gruesome methods of ending the life of just-born children, some of whom were a little over 20 weeks old. If Gosnell aborted these children moments before they were removed from the womb in the method similar to the dismemberment which occurs in several clinics throughout our country and science tells us causes pain to the baby, would the loss of life have been any less tragic, any less appalling? We cannot stand idly by and allow such painful terminations of human life to continue.

I urge passage of this bill, and I look forward to casting my vote in support of the rule.

Ms. SLAUGHTER. Mr. Speaker, I'm pleased to yield 2 minutes to the gentlelady from Hawaii (Ms. HANABUSA).

Ms. HANABUSA. Madam Speaker, I rise in strong opposition to this rule.

I stand here on behalf of the women in Hawaii and across the Nation to continue to protect the fundamental right of women to have access to safe and legal abortion care. I strongly oppose the underlying bill, H.R. 1797, and encourage my colleagues to do the same.

The bill is like a leap backwards for women in our Nation. The very premise of this bill is contrary to credible scientific evidence and does not have the widespread support of our leading experts.

H.R. 1797 goes against a decades-old Supreme Court ruling, Roe v. Wade, that gave women a fundamental right to choose, a protection provided in the United States Constitution. And remember, States were given the ability to regulate those laws. These proposed Federal restrictions are unconstitutional, inappropriate, and unnecessary.

Abortion is one of the safest medical procedures available in this country, due in large part to the expertise and skill of our Nation's trained medical professionals who offer high quality care to women.

This bill would threaten our doctors with 5-year prison terms for doing their jobs, even those that are caring for women who are facing serious health concerns with their pregnancies. It is critically important that our laws protect and support the woman's health, not deny access to care.

Abortion care is a private medical decision between a woman and her health care provider. It is not the responsibility of Congress to infringe upon that right. That is why the American Congress of OB–GYNs, American Nurses Association, and 46 other organizations, in addition to 15 religious groups, stand in strong opposition to this bill.

For these reasons, I urge my colleagues to stand strongly in opposition to this harmful and misleading bill and soundly vote ''no'' on the rule.

Ms. FOXX. Madam Speaker, there's a lot of talk about rights here today and very little talk about the right to life for the babies that are being aborted.

Madam Speaker, I now yield 2 minutes to the gentleman from Michigan (Mr. BENISHEK).

Mr. BENISHEK. Madam Speaker, I would like to thank the gentlewoman from North Carolina for allowing me to be here as well.

I rise today in support of the rule for H.R. 1797, the Pain-Capable Unborn Child Protection Act, and to urge my colleagues to support this important and long overdue piece of legislation.

This bill will help to protect those in our society who are least able to defend themselves—the unborn. The Pain-Capable Unborn Child Protection Act will prohibit late-term abortions after the 20th week of a pregnancy for the simple reason that by 20 weeks of development, unborn children are able to feel and react to pain. This time period is based on extensive scientific research, and the majority of the American people are in favor of banning late-term abortions when they know that the unborn child is able to feel pain.

As a doctor, I was horrified to hear the stories of gross misconduct and negligence that came to light in the trial of the Philadelphia abortionist Kermit Gosnell. The callous disregard for innocent human life that was displayed in the Gosnell clinic extended beyond unborn children to adult patients, and I believe that there is bipartisan agreement that this was terrible. The Pain-Capable Unborn Child Protection Act will help to prevent some of the worst abuses that were perpetrated by Kermit Gosnell and protect patients nationwide.

As the overwhelming majority of my constituents in northern Michigan believe, life inside the womb is just as precious as life outside the womb, and it must be protected.

I urge my colleagues to support this rule and the underlying legislation.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE. I thank the ranking member.

Madam Speaker, I rise today to voice my strong opposition to H.R. 1797, which would callously and cavalierly limit access to abortion for women across the country.

Boy, I tell you, the House GOP has truly pushed the limits this time by offering this unconstitutional bill.

Madam Speaker, this week, the much-maligned Miss USA contestant, Miss Utah, alluding to the power dynamics between men and women in the workplace, was lampooned for a flubbed answer when she said, and I quote:

> I think especially the men are seen as the leaders of this, and so we need to try to figure out how to create education better so that we can solve this problem.

However inarticulate, I think Miss Utah was on to something.

When you consider the subject at hand, women's right to a medically safe abortion, we once again see men taking leadership roles and invading the privacy and medical decisions of women so that now we have before us a bill that is borne of ignorance and disregard for medical science in every way, shape, and form. There is no concern for the biology, physiology, sociology of the woman.

Perhaps, if we could create education better of the importance of women's lives, we would not be here with this bill before us. This bill is an abomination, plain and simple, at its foundation, its heart, its utter disrespect for the dignity and health of women. It also has other harmful effects.

Now, I am sympathetic for those women, as well, who face an abortion at 20 weeks. Often these women are facing complications that endanger their health or they have found out about a severe fetal anomaly. Others are victims of rape or incest. These are the most difficult decisions in their lives.

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

Ms. SLAUGHTER. I yield the gentlewoman an additional 1 minute.

Ms. MOORE. Medical providers have told us of harrowing tales of women who have developed life-threatening pre-eclampsia with impaired kidney functions, seizures, dangerously high blood pressure that threatens their health. They also tell us of the women who receive an aggressive cancer diagnosis right in the middle of their pregnancy and have to make the difficult choice between their pregnancy and their own life.

In situations like these, women need to be able to consult their families and their doctors and no one else. Perhaps their own priest or rabbi or imam, but most certainly not their politician denying the care they need. It is hazardous, cruel, and simply the wrong thing to do.

I thank the gentlelady for yielding time.

□ 1410

Ms. FOXX. Madam Speaker, this bill is not borne of ignorance but of extremely deep-felt concern for unborn children who suffer pain as they are being murdered.

Madam Speaker, I fear for the conscience of our Nation because the termination of unborn children for any reason is tolerated in some parts of our country throughout pregnancy, even though scientific conclusions show infants feel pain by at least 20 weeks' gestation. That means literally that a baby at the halfway point of a pregnancy will experience pain during the violence of a dismemberment abortion, the most common second-trimester abortion wherein a steel tool severs limbs from the infant and its skull is crushed.

Madam Speaker, it's even difficult for me to describe this procedure without getting emotional. These procedures are horrific, and in terms of pain, like torture to their infant subjects. As

a country, we should leave this practice behind. That's why I'm a cosponsor of the underlying legislation to prohibit elective abortions in the United States past 20 weeks. Since 1973, approximately 52 million—52 million, Madam Speaker—children's lives have been tragically aborted in the United States. It is unconscionable that in America, where we fight for life, liberty, and the pursuit of happiness, we tolerate the systemic extermination of an entire generation of the most vulnerable among us.

H.R. 1797 rejects that hypocrisy and provides commonsense protections for unborn children who feel pain, just as you and I do. My colleague and friend from Arizona, Representative TRENT FRANKS, is a champion for the unborn, and I commend him for authoring this legislation, which prohibits an abortion of an unborn child that has surpassed 20 weeks after fertilization.

In light of the recent conviction of Philadelphia-based, late-term abortionist Kermit Gosnell, who was found guilty of first-degree murder in the case of three babies born alive in his clinic and then killed through a procedure he called ''snipping,'' which involved Gosnell inserting a pair of scissors into the baby's neck and cutting its spinal cord, a procedure that was reportedly routine in his clinic, we cannot stand idly by.

Madam Speaker, some would have us think that Gosnell is an anomaly or an outlier. However, after his conviction, more individuals have stepped forward to expose similar practices in other States. Americans should be asking how different are these snipping procedures from abortions performed throughout clinics in the country. Unfortunately, there is little difference between these procedures. The practice of murdering viable, unborn children who can feel pain must end. I urge my colleagues to join me in speaking for those who cannot speak for themselves and vote in favor of this rule and the underlying bill.

I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, I am pleased to yield 2 minutes to the gentleman from Illinois (Mr. SCHNEIDER).

Mr. SCHNEIDER. Madam Speaker, I rise today in strong opposition to the rule and the underlying bill, H.R. 1797. When debating the issue before us, it is important to understand that this is not strictly a matter of conscience but an issue with very real and potentially life-altering implications for women and families across the Nation.

It is my fundamental belief that the right to choose is and must remain a personal health decision that a woman makes in consultation with her doctor, without government intervention. Additionally, we should also be promoting policies that strive to reduce the number of unwanted pregnancies through improved access to family planning and contraception, as well as effective sex education.

Sadly, rather than coming together to address our fiscal challenges and help stimulate job creation, the majority continues to doggedly pursue a radical ideological agenda. This legislation, like other attempts to restrict women's access to comprehensive health care, is unacceptable and could seriously endanger the health and safety of women across the country. As such, I firmly oppose the underlying bill and urge all of my colleagues to do the same.

Ms. FOXX. Madam Speaker, I now yield 5 minutes to the distinguished gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Madam Speaker, I thank my good friend and colleague for yielding.

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

Madam Speaker, today, there are Kermit Gosnells all over America inflicting not only violence, cruelty, and death on very young children, but excruciating pain as well.

Many Americans, including some who self-identified as pro-choice—were shocked and dismayed by the Gosnell expose' and trial. Perhaps the decades-long culture of denial and deceptive marketing has made it difficult to see and understand a disturbing reality. Even after 40 years of abortion on demand and over 55 million dead babies and millions of wounded moms, many—until Gosnell—somehow construed abortion as victimless and painless. That has changed.

The brutality of severing the spines of defenseless babies—euphemistically called ''snipping'' by Gosnell—has finally peeled away the benign facade of a billion-dollar abortion industry.

I note parenthetically, and it may come as a shock to many, but according to the Americans United for Life Legal Defense Fund, the U.S. is among only four nations in the world that allows for abortions for any reason after viability, and one of only nine nations that allows abortions after 14 weeks. We're in some pretty bad company, Madam Speaker, because that includes China and North Korea. We are far outside the global mainstream.

I would note, Madam Speaker, that like Gosnell, abortionists all over America decapitate, they dismember, and they chemically poison babies to death each and every day. That's what they do. Americans are connecting the dots and asking whether what Gosnell did is really different than what other abortionists do. I would note to my colleagues that a D&E abortion, a common method after 14 weeks, is a gruesome, pain-filled act that literally rips and tears to pieces the body parts of a child.

The Pain-Capable Unborn Child Protection Act is a modest but necessary attempt to at least protect babies who are 20 weeks old—and pain capable—from having to suffer and die from abortion.

I would note to my colleagues that a majority of Americans are with us trying to protect lives. According to a recent Gallup poll, 64 percent of Americans believe that abortion should not be permitted in the second 3 months of pregnancy; 80 percent say abortion should not be permitted in the last 3 months of pregnancy. The polling company found that 63 percent of women believe that abortion should not be permitted after the point where substantial medical evidence says that the unborn child can feel pain. The women get it, and they have so polled when asked if they are against this kind of pain for babies.

The Pain-Capable Unborn Child Protection Act recognizes the medical evidence that unborn children feel pain. We are not living in the Dark Ages. One leading expert in the field of fetal pain, Dr. Anand, at the University of Tennessee stated in his expert report, commissioned by the U.S. Department of Justice:

> It is my opinion that the human fetus possesses the ability to experience pain from 20 weeks of gestation, if not earlier, and the pain perceived by a fetus is possibly more intense than that perceived by term newborns or older children.

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

□ 1420

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

Dr. Colleen Malloy, assistant professor, Division of Neonatology at the Northwestern University, in her testimony before the House Judiciary Committee in May of 2012 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.

In other words, there are children the same age who, in utero, can be killed by abortion who have been born and are now being given lifesaving assistance.

She went on to say:

> In today's medical arena, we resuscitate patients at this age and are able to witness their ex-utero growth.

She says:

> I could never imagine subjecting my tiny patients to horrific procedures such as those that involve limb detachment or cardiac injection.

Ms. SLAUGHTER. I am pleased to yield 2 minutes to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Madam Speaker, I join my many colleagues today who have spoken out against this outrageous bill.

I also want to object to the way that my colleagues on the other side of the aisle have brought up H.R. 1797 for consideration.

When a bill that affects the lives and the health of women all across our country is coming up for this consideration, we deserve to have an open process. But, instead, the majority is taking a rather undemocratic approach, blocking all amendments to this harmful bill.

Beyond the fact that the bill is unconstitutional, it endangers the lives of women across our country. It places a ban on abortions with the narrowest of rape and incest exceptions, and it forces a woman who has been raped to report the attack to law enforcement before seeking an abortion.

So I have to ask these questions: Do the sponsors of this legislation understand the trauma that a rape survivor endures?

And do they understand what a cruel message that is to send to a woman in her time of greatest need?

Madam Speaker, those of us who are here in the Congress, I believe we all came here to solve the problems of the day. As we address our national priorities, is this issue high on their list?

Is this the issue that gives people confidence that Congress understands the challenges that people throughout America face today?

I know what those challenges are, I think. I've listened to my constituents. They worry about putting food on the table, a roof over their heads, and sending their kids to college.

So here we are, with a very narrow agenda, with an issue that is being used to strike at the heart of women's health issues.

I urge my colleagues, please reject this rule and the underlying bill.

Ms. FOXX. Madam Speaker, even Kermit Gosnell's own defense attorney, having gone through all the evidence at trial, said:

> I've come out of this case realizing that 24 weeks is a bad determiner. It should be more like 16, 17 weeks. That would be a far better thing, and I think the law should be changed to that. I think pro-choice would have still the right to choose, but they've got to choose quicker.

We are talking here, Madam Speaker, about the beginning of the 6th month of pregnancy. Nothing in this bill has any impact on abortion during the first 20 weeks.

With that, I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, may I inquire if my colleague has other requests for time.

Ms. FOXX. Madam Speaker, we will use the balance of our time.

Ms. SLAUGHTER. Well, that sort of leaves me uninformed. But I want to introduce the previous question before I do my closing. And I'm hoping you are prepared to close. Is that correct?

Ms. FOXX. No, Madam Speaker. I'm not just yet ready to close, but if my colleague is ready to close—

Ms. SLAUGHTER. No, I'll reserve the balance of my time.

Ms. FOXX. Is the gentlewoman from New York ready to close? I thought that was the question she was asking.

Ms. SLAUGHTER. That was the question I had asked you. I am prepared to. Mr. CONNOLLY is my last speaker.

The SPEAKER pro tempore. Would the gentlelady from New York like to recognize the gentleman?

Ms. SLAUGHTER. Not until I find out if we're prepared to close.

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

Madam Speaker, as advances in medical science result in improved treatments and personalized medicine, the development of unborn children is further understood. Doctors can perform lifesaving surgeries on babies still in the womb at earlier points in the pregnancy than ever before.

When a baby is born prematurely, medical innovation is increasing the likelihood of that baby's survival. Babies born as early as 20 weeks post-fertilization are being cared for in neonatal units across the country.

By 8 weeks after fertilization, the unborn child reacts to touch. By 20 weeks post-fertilization, the unborn child reacts to stimuli that would be recognized as painful if applied to an adult human. The baby responds the same way you and I respond to pain, by recoiling from it.

As Dr. Anand, at the University of Tennessee, who is considered the leading expert in the field of fetal pain, stated in a report accepted by a Federal judge as expert testimony:

> It is my opinion that the human fetus possesses the ability to experience pain from 20 weeks of gestation, if not earlier, and the pain perceived by a fetus is possibly more intense than that perceived by term newborns or older children.

Surgeons entering the womb to perform corrective procedures on unborn children have seen those babies flinch, jerk, and recoil from sharp objects and injections. Recognizing this discomfort, surgeons routinely administer anesthesia to unborn children in the womb before performing surgeries.

According to Planned Parenthood, the largest abortion provider in America, babies aborted at 14 weeks or later are often subjected to a painful dismemberment abortion, which involves inserting a long steel tool into the woman and grabbing, usually an arm or a leg, tearing it from the baby's body and pulling it out of the mother. The procedure is repeated as the baby is torn, limb from limb, until his or her entire body has been removed and the head is finally crushed and removed. The dismemberment abortion is the most common method of abortion in the second trimester.

Another abortion procedure involves injecting digoxin and/or potassium chloride into the baby's heart, which induces cardiac arrest, and the baby's killed.

Madam Speaker, it's important that the American people understand exactly what happens when they hear the word ''abortion.'' It is a heart-wrenching, painful procedure that tears a baby limb from limb before crushing his or her head, or it is a poisonous chemical injection.

A March 2013 poll conducted by a polling company found that 64 percent of the public supports a law like the Pain-Capable Unborn Child Protection Act, prohibiting an abortion after 20 weeks when an unborn baby can feel pain, unless the life of the mother is in danger.

Supporters included 47 percent of those who identified themselves as pro-choice in the poll. The poll also found that 63 percent of women believe that abortion should not be permitted after the point where substantial medical evidence says that the unborn child can feel pain.

□ 1430

Madam Speaker, Congress cannot sit idly by while this grotesque and brutal procedure which rips the tiny baby apart limb by limb in the womb is performed in our country. That is why it is necessary for Congress to pass H.R. 1797 and protect the lives of these unborn children from this excruciating pain.

Madam Speaker, I would like to submit for the RECORD a summary of the evidence of the unborn pain research.

Madam Speaker, I now reserve the balance of my time.

FETAL PAIN: THE EVIDENCE

[From www.doctorsonfetalpain.org, Mar. 14, 2011]

The eleven points below summarize the substantial medical and scientific evidence that unborn children can feel pain by 20 weeks after fertilization.

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

DOCUMENTATION

a. Pain receptors (nociceptors) are present throughout the unborn child's entire body by no later than 20 weeks.

1. Myers, 2004, p.241, para.2, ''The first essential requirement for pain is the presence of sensory receptors, which first develop in the perioral area at approximately 7 weeks gestation and are diffusely located throughout the body by 14 weeks.[95]''

Myers LB, Bulich LA, Hess, P, Miller NM. Fetal endoscopic surgery: indications and anaesthetic management. Best Practice & Research Clinical Anaesthesiology. 18:2 (2004) 231–258.

[95]Smith S. Commission of Inquiry into Fetal Sentience. London: CARE, 1996.

2. Derbyshire, 2010, p.7, para.2, ''For the foetus, an existence of 'pain' rests upon the existence of a stimulus that poses a threat to tissue, being detected by a nervous system capable of preferentially responding to stimuli that pose a threat to tissue. The entire experience is completely bounded by the limits of the sensory system and the relationship between that system and the stimulus. If pain is conceived of in this manner then it becomes possible to talk of foetal pain anytime between 10 and 17 weeks GA [gestational age] when nociceptors develop and

mature, and there is evidence of behavioural responses to touch.''

Note: Derbyshire's other published works indicate that he believes pain requires subjective human experience, not possible until after birth; nonetheless, he acknowledges this finding.

Derbyshire SW, Foetal pain? *Best Practice & Research Clinical Obstetrics and Gynaecology* 24:5 (2010) 647–655.

3. Anand, 1987, p.2, para.2, ''Cutaneous sensory receptors appear in the perioral area of the human fetus in the 7th week of gestation; they spread to the rest of the face, the palms of the hands, and the soles of the feet by the 11th week, to the trunk and proximal parts of the arms and legs by the 15th week, and to all cutaneous and mucous surfaces by the 20th week.[25,26]''

Anand KJS, Hickey PR. Pain and its effects in the human neonate and fetus. *New England Journal of Medicine*. 317:21 (1987) 1321–1329.

[25]Humphrey T. Some correlations between the appearance of human fetal reflexes and the development of the nervous system. *Progress in Brain Research*. 4 (1964) 93–135.

[26]Valnaan HB, Pearson JP. What the fetus feels. British Medical Journal. 280 (1980) 233–234.

4. Vanhatalo, 2000, p.146, col.2, para.2, ''First nociceptors appear around the mouth as early as the seventh gestational week; by the 20th week these are present all over the body.''

Vanhatalo S, van Nieuwenhuizen O. Fetal Pain? *Brain & Development*. 22 (2000) 145–150.

5. Brusseau, 2008, p.14, para.3, ''The first essential requirement for nociception is the presence of sensory receptors, which develop first in the perioral area at around 7 weeks gestation. From here, they develop in the rest of the face and in the palmar surfaces of the hands and soles of the feet from 11 weeks. By 20 weeks, they are present throughout all of the skin and mucosal surfaces.[19]

Brusseau R. Developmental Perpectives: is the Fetus Conscious? International Anesthesiology Clinics. 46:3 (2008) 11–23.

[19]Simons SH, Tibboel D. Pain perception development and maturation. Seminars on Fetal and Neonatal Medicine. 11 (2006) 227–231.

6. Rollins, 2012, p.465, ''Immature skin nociceptors are probably present by 10 weeks and definitely present by 17 weeks. Nociceptors develop slightly later in internal organs. Peripheral nerve fibers that control movement first grow into the spinal cord at about 8 weeks of gestation.''

Mark D. Rollins, Mark A. Rosen, ''Anesthesia for Fetal Intervention and Surgery'', in *Gregory's Pediatric Anesthesia*, ed. George A. Gregory & Dean B. Adropoulos (West Sussex: Wiley-Blackwell, 2012), 444–474, 465.

b. nerves link these receptors to the brain's thalamus and subcortical plate by no later than 20 weeks after fertilization.

1. Van Scheltema 2008, p.313, para.1—''The connection between the spinal cord and the thalamus (an obligatory station through which nearly all sensory information must pass before reaching the cortex) starts to develop from 14 weeks onwards and is finished at 20 weeks.''

Van Scheltema PNA, Bakker S, Vandenbussche FPHA, Oepkes, D. Fetal Pain. *Fetal and Maternal Medicine Review*. 19:4 (2008) 311–324.

2. Glover, 1999, p.882, col.1, para.1, ''Most incoming pathways, including nociceptive ones, are routed through the thalamus and, as stated above, penetrates the subplate zone from about 17 weeks... These monoamine fibres start to invade the subplate zone at 13 weeks and reach the cortex at about 16 weeks. This puts an early limit on when it is likely that the fetus might be aware of anything that is going on in its body or elsewhere.''

Glover V. Fetal pain: implications for research and practice. *British Journal of Obstetrics and Gynaecology*. 106 (1999) 881–886.

3. Lee, 2005, p.950, col.1, ''In contrast to direct thalamocortical fibers, which are not visible until almost the third trimester, thalamic afferents begin to reach the somatosensory subplate at 18 weeks' developmental age (20 weeks' gestational age)[16] and the visual subplate at 20 to 22 weeks' gestational age. These afferents appear morphologically mature enough to synapse with subplate neurons.[17]''

Note: Lee et al. believe that pain requires conscious cortical processing, which they deem unlikely until 29 or 30 weeks; nonetheless, they acknowledge this finding.

Lee SJ, Ralston HJP, Drey EA, Partridge, JC, Rosen, MA. A Systematic Multidisciplinary Review of the Evidence. *Journal of the American Medical Association*. 294:8 (2005) 947–954.

[16]Kostovic I, Rakic P. Developmental history of the transient subplate zone in the visual and somatosensory cortex of the macaque monkey and human brain. *Journal of Comparative Neurology*. 297 (1990) 441–470.

[17]Hevner RF. Development of connections in the human visual system during fetal mid-gestation: a Diltracing study. *Journal of Experimental Neuropathology & Experimental Neurology*. 59 (2000) 385–392.

4. Gupta, 2008, p.74, col.2, para.1, '' Peripheral nerve receptors develop between 7 and 20 weeks gestation . . . Spinothalamic fibres (responsible for transmission of pain) develop between 16 and 20 weeks gestation, and thalamocortical fibres between 17 and 24 weeks gestation.''

Gupta R, Kilby M, Cooper G. Fetal surgery and anaesthetic implications. *Continuing Education in Anaesthesia, Critical Care & Pain*. 8:2 (2008) 71–75.

5. Van de Velde, 2012, p 206, para.3, ''To experience pain an intact system of pain transmission from the peripheral receptor to the cerebral cortex must be available. Peripheral receptors develop from the seventh gestational week. From 20 weeks' gestation [= 20 weeks post-fertilization] peripheral receptors are present on the whole body. From 13 weeks' gestation the afferent system located in the substantia gelatinosa of the dorsal horn of the spinal cord starts developing. Development of afferent fibers connecting peripheral receptors with the dorsal horn starts at 8 weeks' gestation. Spinothalamic connections start to develop from 14 weeks' and are complete at 20 weeks' gestation, whilst thalamocortical connections are present from 17 weeks' and completely developed at 26–30 weeks' gestation. From 16 weeks' gestation pain transmission from a peripheral receptor to the cortex is possible and completely developed from 26 weeks' gestation.''

Marc Van de Velde & Frederik De Buck, Fetal and Maternal Analgesia/Anesthesia for Fetal Procedures. Fetal Diagn Ther 31(4) (2012) 201–9.

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.

DOCUMENTATION

a. By 8 weeks after fertilization, the unborn child reacts to touch.

1. Gupta, 2008, p.74, col.2, para.2, ''Movement of the fetus in response to external stimuli occurs as early as 8 weeks gestation. . .''

Gupta R, Kilby M, Cooper G. Fetal surgery and anaesthetic implications. Continuing Education in Anaesthesia, Critical Care & Pain. 8:2 (2008) 71–75.

2. Glover, 2004, p.36, para.4, ''The fetus starts to make movements in response to being touched from eight weeks, and more complex movements build up, as detected by real time ultrasound, over the next few weeks.''

Glover V. The fetus may feel pain from 20 weeks; The Fetal Pain Controversy. Conscience. 25:3 (2004) 35–37.

3. Myers 2004, p.241, para.6, ''A motor response can first be seen as a whole body movement away from a stimulus and observed on ultrasound from as early as 7.5 weeks' gestational age. The perioral area is the first part of the body to respond to touch at approximately 8 weeks, but by 14 weeks most of the body is responsive to touch.''

Myers LB, Bulich LA, Hess, P, Miller, NM. Fetal endoscopic surgery: indications and anaesthetic management. Best Practice & Research Clinical Anaesthesiology. 18:2 (2004) 231–258.

4. Derbyshire, 2008, p.119, col.2, para.4, ''Responses to touch begin at 7–8 weeks gestation when touching the peri-oral region results in a contralateral bending of the head. The palms of the hands become sensitive to stroking at 10–11 weeks gestation and the rest of the body becomes sensitive around 13–14 weeks gestation.[35]''

Note: Derbyshire's other published works indicate that he believes pain requires subjective human experience, not possible until after birth; nonetheless, he acknowledges this finding.

Derbyshire SW. Fetal Pain: Do We Know Enough to Do the Right Thing? Reproductive Health Matters. 16: 31Supp. (2008) 117–126.

[35] Fitzgerald M. Neurobiology of fetal and neonatalpain. In:Wall P, Melzack R, editors. Textbook of Pain. Oxford Churchill Livingstone, 1994. p.153–63.

5. Kadić, 2012, page 3, ''The earliest reactions to painful stimuli motor reflexes can be detected at 7.5 weeks of gestation (Table 2).''

Salihagić Kadić, A., Predojević, M., Fetal neurophysiology according to gestational age, Seminars in Fetal & Neonatal Medicine. 17:5 (2012) 1–5, 3.

b. After 20 weeks following fertilization, the unborn child reacts to stimuli that would be recognized as painful if applied to an adult human, for example by recoiling.

1. Gupta, 2008, p. p.74, col.2, para.2, ''Behavioural responses. . . Response to painful stimuli occurs from 22 weeks gestation [= 20 weeks post-fertilization].''

Gupta R, Kilby M, Cooper G. Fetal surgery and anaesthetic implications. Continuing Education in Anaesthesia, Critical Care & Pain. 8:2 (2008) 71–75.

2. Giannakoulopoulos, 1994, p.77, col.2, para.3, ''We have observed that the fetus reacts to intrahepatic vein needling with vigorous body and breathing movements, which are not present during placental cord insertion needling.''

Giannakoulopoulos X, Sepulveda W, Kourtis P, Glover V, Fisk NM. Fetal plasma cortisol and β-endorphin response to intrauterine needling. Lancet. 344 (1994) 77–81.

3. Lowery, 2007, p.276, col.2, para1, ''Fetuses undergoing intrauterine invasive procedures, definitely illustrative of pain signaling, were reported to show coordinated responses signaling the avoidance of tissue injury.[15]''

Lowery CL, Hardman MP, Manning N, Clancy B, Hall RW, Anand KJS. Neurodevelopmental Changes of Fetal Pain. Seminars in Pernatology. 31 (2007) 275–282.

[15] Williams C. Framing the fetus in medical work: rituals and practices. Social Science & Medicine. 60 (2005) 2085–2095.

4. Mellor, 2005, p.457, col.1, para.2, ''For instance, the human fetus responds to intrahepatic needling (versus umbilical cord sampling) by moving away and with an increase in the levels of circulating stress hormones. . .[71,72,74,75]''

Note: Mellor et al. believe that the unborn child is kept 'asleep' in utero, and therefore does not perceive pain; nonetheless, they recognize this finding.

Mellor DJ, Diesch TJ, Gunn AJ, Bennet L. The importance of 'awareness' for understanding fetal pain. Brain Research Reviews. 49 (2005) 455–471.

[71] Giannakoulopoulos X, Sepulveda W, Kourtis P, Glover V, Fisk NM. Fetal plasma cortisol and β -endorphin response to intrauterine needling. Lancet. 344 (1994) 77–81.

[72] Giannakoulopoulos X, Teixeira J, Fisk N. Human fetal and maternal noradrenaline responses to invasive procedures. Pediatric Research. 45 (1999) 494–499.

[74] Gitau R, Fisk NM, Teixeira JM, Cameron A, Glover V. Fetal hypothalamic-pituitary-adrenal stress responses to invasive procedures are independent of maternal responses. Journal of Clinical Endocrinology and Metabolism. 86 (2001) 104–109.

[75] Gitau R, Fisk NM, Glover V. Human fetal and maternal corticotrophin releaseing hormone responses to acute stress. Archives of Disease in Childhood—Fetal Neonatal Edition. 89 (2004) F29–F32.

5. Bocci, 2007, page 31–32, ''By week 14, the repertoire of movements is complete. Fetal movements may be spontaneous, reflecting individual needs of the fetus, or may be evoked, reflecting fetal sensitivity to its environment.''

C. Bocchi et al, Ultrasound and Fetal Stress: Study of the Fetal Blink-Startle Reflex Evoked by Acoustic Stimuli. Neonatal Pain, ed. Giuseppe Buonocore & Carlo V. Bellieni (Milan: Springer, 2007), 31–32.

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

DOCUMENTATION

1. Tran, 2010, p.44, col.1, para.7, ''Invasive fetal procedures clearly elicit a stress response . . .''

Tran, KM. Anesthesia for fetal surgery. Seminars in Fetal & Neonatal Medicine. 15 (2010) 40–45.

2. Myers, 2004, p.242, para.2, ''Human fetal endocrine responses to stress have been demonstrated from as early as 18 weeks' gestation. Giannakoulopoulos et al[99] first demonstrated increases in fetal plasma concentrations of cortisol and β-endorphin in response to prolonged needling of the intrahepatic vein (IHV) for intrauterine transfusion. The magnitude of these stress responses directly correlated with the duration of the procedure. Fetuses having the same procedure of transfusion, but via the non-innervated placental cord insertion, failed to show these hormonal responses. Gitau et al[100] observed a rise in β-endorphin during intrahepatic transfusion from 18 weeks' gestation, which was seen throughout pregnancy independent both of gestation and the maternal response. The fetal cortisol response, again independent of the mother's, was observed from 20 weeks' gestation.[100] Fetal intravenous administration of the opioid receptor agonist, fentanyl, ablated the β-endorphin response and partially ablated the cortisol response to the stress of IHV needling, suggesting an analgesic effect.[101] A similar, but faster, response is seen in fetal production of noradrenalin to IHV needling. This too is observed in fetuses as early as 18 weeks, is independent to the maternal response and increases to some extent with gestational age.[102] Thus, from these studies one can conclude that the human fetal hypothalamic-pituitary-adrenal axis is functionally mature enough to produce a β-endorphin response by 18 weeks and to produce cortisol and noradrenalin responses from 20 weeks' gestation.''

Myers LB, Bulich LA, Hess, P, Miller, NM. Fetal endoscopic surgery: indications and anaesthetic management. Best Practice & Research Clinical Anaesthesiology. 18:2 (2004) 231–258.

[99] Giannakoulopoulos X, Sepulveda W, Kourtis P, Glover V, Fisk NM. Fetal plasma cortisol and β-endorphin response to intrauterine needling. Lancet. 344 (1994) 77–81.

[100] Gitau R, Fisk NM, Teixeira JM, Cameron A, Glover V. Fetal hypothalamic-pituitary-adrenal stress responses to invasive procedures are independent of maternal responses. Journal of Clinical Endocrinology and Metabolism. 86 (2001) 104–109.

[101] Fisk NM, Gitau R, Teixeira MD, Giannakoulopoulos, X, Cameron, AD, Glover VA. Effect of Direct Fetal Opioid Analgesia on Fetal Hormonal and Hemodynamic Stress Response to Intrauterine Needling. Anesthesiology. 95 (2001) 828–835.

[102] Giannakoulopoulos X, Teixeira J, Fisk N, Glover V. Human fetal and maternal noradrenaline responses to invasive procedures. Pediatric Research. 45(1999) 494–499.

3. Derbyshire, June 2008, p.4, col.1, para.5, ''Another stage of advancing neural development takes place at 18 weeks, when it has been demonstrated that the fetus will launch a hormonal stress response to direct noxious stimulation.''

Note: Derbyshire believes that pain requires subjective human experience, not possible until after birth; nonetheless, he acknowledges this finding.

Derbyshire SW. Fetal Pain: Do We Know Enough to Do the Right Thing? Reproductive Health Matters. 16: 31Supp. (2008) 117–126.

4. Gupta, 2008, p.74, col.2, para.3, ''Fetal stress in response to painful stimuli is shown by increased cortisol and β-endorphin concentrations, and vigorous movements and breathing efforts.[7,9] There is no correlation between maternal and fetal norepinephrine levels, suggesting a lack of placental transfer of norepinephrine. This independent stress response in the fetus occurs from 18 weeks gestation.[10]''

Gupta R, Kilby M, Cooper G. Fetal surgery and anaesthetic implications. Continuing Education in Anaesthesia, Critical Care & Pain. 8:2 (2008) 71–75.

[7] Boris P, Cox PBW, Gogarten W, Strumper D, Marcus MAE. Fetal surgery, anaesthesiological considerations. Current Opinion in Anaesthesiology.17 (2004) 235–240.

[9] Giannakoulopoulos X, Teixeira J, Fisk N. Human fetal and maternal noradrenaline responses to invasive procedures. Pediatric Research. 45 (1999) 494–499.

[10] Marcus M, Gogarten W, Louwen F. Remifentanil for fetal intrauterine microendoscopic procedures. Anesthesia & Analgesia. 88 (1999) S257.

5. Fisk, 2001, p.828, col.2, para.3, ''Our group has shown that the human fetus from 18–20 weeks elaborates pituitary-adrenal, sympatho-adrenal, and circulatory stress responses to physical insults.'' p.834, col.2, para.2, ''This study confirms that invasive procedures produce stress responses. . .''

Fisk NM, Gitau R, Teixeira MD, Giannakoulopoulos, X, Cameron, AD, Glover VA. Effect of Direct Fetal Opioid Analgesia on Fetal Hormonal and Hemodynamic Stress Response to Intrauterine Needling. Anesthesiology. 95 (2001) 828–835.

6. Kadić, 2012, page 3, ''As early as 16–18 weeks, fetal cerebral blood flow increases during invasive procedures.[26,27] An elevation of noradrenaline, cortisol, and beta-endorphin plasma levels, in response to needle pricking of the innervated hepatic vein for intrauterine transfusion, was registered in a 23-week-old fetus [= 21 weeks post-fertilization].'' (Table 2).''

Salihagić Kadić, A., Predojević, M., Fetal neurophysiology according to gestational age, SEMINARS IN FETAL & NEONATAL MEDICINE (2012) 1–5, 3, doi:10.1016/j.siny.2012.05.007.

[26] Teixeira JM, Glover V, Fisk NM. Acute cerebral redistribution in response to invasive procedures in the human fetus. Am J Obstet Gynecol 1999;181:1018e25.

[27] Smith RP, Gitau R, Glover V, et al. Pain and stress in the human fetus. Eur J Obstet Gynecol Reprod Biol 2000;92:161e5.

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

DOCUMENTATION

1. Van de Velde, 2006, p.234, col.1, para.3, ''It is becoming increasingly clear that experiences of pain will be 'remembered' by the developing nervous system, perhaps for the entire life of the individual.[22,33]. These findings should focus the attention of clinicians on the long-term impact of early painful experiences, and highlight the urgent need for developing therapeutic strategies for the management of neonatal and fetal pain.''

Van de Velde M, Jani J, De Buck F, Deprest J. Fetal pain perception and pain management. Seminars in Fetal & Neonatal Medicine. 11 (2006) 232–236.

[22] Vanhalto S, van Nieuwenhuizen O. Fetal Pain? Brain & Development. 22 (2000) 145–150. [33] Anand KJS. Pain, plasticity, and premature birth: a prescription for permanent suffering? Nature Medicine. 6 (2000) 971–973.

2. Vanhatalo, 2000, p.148, col.2, para.4, ''All these data suggest that a repetitive, or sometimes even strong acute pain experience is associated with long-term changes in a large number of pain-related physiological functions, and pain or its concomitant stress increase the incidence of later complications in neurological and/or psychological development.''

Note: Vanhalto & Niewenhuizen believe that pain requires cortical processing; nevertheless, they acknowledge that, ''noxious stimuli may have adverse effects on the developing individual regardless of the quality or the level of processing in the brain . . . after the development of the spinal cord afferents around the gestational week 10, there may be no age limit at which one can be sure noxae are harmless.'' (p.149, col.1, para.2).

Vanhalto S, van Nieuwenhuizen O. Fetal Pain? Brain & Development. 22 (2000) 145–150.

3. Gupta, 2008, p.74, col.2, para.3, '' There may be long-term implications of not providing adequate fetal analgesia such as hyperalgesia, and possibly increased morbidity and mortality.''

Gupta R, Kilby M, Cooper G. Fetal surgery and anaesthetic implications. Continuing Education in Anaesthesia, Critical Care & Pain. 8:2 (2008) 71–75.

4. Lee, 2005, p.951, col.1, para.3, ''When long-term fetal well-being is a central consideration, evidence of fetal pain is unnecessary to justify fetal anaesthesia and analgesia because they serve other purposes unrelated to pain reduction, including . . . (3) preventing hormonal stress responses associated with poor surgical outcomes in neonates[71,72]; and (4) preventing possible adverse effects on long-term neurodevelopment and behavioral responses to pain.[73–75].''

Note: Lee et al. believe that pain requires conscious cortical processing, which they deem unlikely until 29 or 30 weeks; nonetheless, they acknowledges this finding.

Ms. SLAUGHTER. I yield myself 30 seconds.

Congress should not be standing around while this is going on. Congress should also not be standing around

while college loan rates are doubling and we have so many people out of work.

I'm delighted to yield 2 minutes to my friend, the gentlewoman from New York, CAROLYN MALONEY.

Mrs. CAROLYN B. MALONEY of New York. I thank my fellow New Yorker and good friend for yielding and for her outstanding leadership in this body on so many, many issues, particularly in the area of health.

My colleagues, once again, we need to ask ourselves where were the women when the Judiciary Committee produced this outrageous assault on women's health and women's reproductive rights? The answer is very clear. On this panel, there is not one female face participating in this crucial issue in their health care, absolutely nowhere. This is a photo of the members of the Judiciary Subcommittee that held a hearing on this legislation before us, and not one Republican on that panel is a woman.

The bill that was produced is evidence that women did not participate in this decision-making. For example, it was not until the chair of that subcommittee made a comment not worthy of this House that the majority added an insulting and narrow exception for pregnancies resulting from rape.

Last November, women came out in droves to say, Keep your laws off our bodies, out of our personal lives, and out from between women and their doctor.

This bill that a man sponsored and that an all-male panel has approved jeopardizes the health and well-being of women, and only women; it is indifferent to the rights of women, and only women; and it is callous to the concerns of women, and only women.

I can promise you that women will long remember this. They will remember it today, they will remember it tomorrow, and they will remember it at the polls when they select their Representatives.

Ms. SLAUGHTER. Madam Speaker, if we can defeat the previous question, I will offer an amendment to the rule that would allow the House to hold a vote on the Student Loan Relief Act. If Congress doesn't act next month, the undergraduate students across this country will see a doubling of their student loan interest rates.

To discuss our proposal, I am pleased to yield 2 minutes to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Madam Speaker, I rise to oppose the previous question so that the House can take up the Student Loan Relief Act, H.R. 1595, which is a bill that the American people are truly concerned about and watching Congress to see whether or not we do the right thing. In 12 days, as this chart shows, the subsidized Stafford student loan rate will double from 3.4 percent to 6.8 percent. This will add to the debt burden of the average college student with a Stafford student loan portfolio of about approximately $5,000.

Today, the average student is leaving college with an average debt level of about $25,000 to $26,000. We know the big numbers: $1.1 trillion in student loan debt now in the U.S. economy, more than credit cards and more than used cars. Yet we are standing here 12 days before the doubling of this rate and we are debating a bill which is right in the middle of the polarized gridlock politics that the American voters rejected soundly in the last election rather than dealing with the bread-and-butter issues that really matter to young Americans and to middle class families all across this country.

The fact of the matter is we know young people in this country need to get a post-high school degree, whether it's a 2-year degree or a 4-year degree. The Stafford student loan program is the workhorse of providing affordable loans for millions of students, and 7.5 million students use the Stafford subsidized loan program. Yet, if we don't act in 12 days, those 7.5 million are going to see their interest rates double to 6.8 percent.

Now, we may hear from the other side, well, we took up a bill on May 23, H.R. 1911, a bill with a variable rate that we now know from the Congressional Budget Office who issued a report this past Monday will be, in fact, worse than if we did nothing and allowed the rate to go to 6.8 percent. That's been not only verified by the Congressional Budget Office but also by the Education Trust and The Institute for College Access and Success, a nonpartisan group funded by the Bill and Melinda Gates Foundation, the Walton Family Trust, and it states very clearly:

> If passed, it will lead to higher rates on all types of Federal student and parent loans than if Congress did nothing at all.

We need to act on H.R. 1595. 187 Members have signed a discharge petition, and it is time to act to protect America's college students.

Ms. FOXX. Madam Speaker, as our colleagues on the other side of the aisle know full well and as our colleague from Connecticut has acknowledged, the House has passed a bill to take care of the issue of student loan rates doubling on July 1; however, the Senate has refused to act on the bill. What we passed was what the President asked for in his budget, and he has suddenly flip-flopped on the issue and doesn't support it anymore.

The House has done its job. We're now waiting for the Senate and the President to acknowledge that they have a responsibility in this area. We've not been frivolous about this. We are not ignoring the issue.

With that, I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, on July 1, young women in college face a doubling of Federal student loan interest rates; but instead of legislating the rights of our daughters and granddaughters to access safe and legal reproductive care, we should be ensuring that the cost of college doesn't skyrocket at the end of the month.

When it comes to the most personal and important decisions a woman will ever make, we deserve the privacy and freedom to make the decision that's right for us. No matter how many women the majority trots out to advance their agenda, their attempt to take away our reproductive rights will not stand.

Madam Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD along with extraneous material immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. SLAUGHTER. I urge my colleagues to vote ''no'' to defeat the previous question and urge a ''no'' vote on the rule.

I yield back the balance of my time.

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

I would like to point out that none of the Members on the other side of the aisle have even acknowledged the pain that unborn children feel or the fact that half of those babies that are being murdered are little girls.

Madam Speaker, life is the most fundamental of all rights. It's sacred and God-given. But millions of babies have been robbed of that right in this, the freest country in the world. This is a tragedy beyond words and a betrayal of what we, as a Nation, stand for.

Before liberty, equality, free speech, freedom of conscience, pursuit of happiness, and justice for all, there has to be life. And yet, for millions of aborted infants—many pain-capable and many discriminated against because of gender or disability—life is exactly what they've been denied. An affront to life for some is an affront to life for every one of us.

One day, we hope it will be different. We hope life will cease to be valued on a sliding scale. We hope the era of elective abortions, ushered in by an unelected court, will be closed and collectively deemed one of the darkest chapters in America's history. But until that day, it remains a solemn duty to stand up for life.

□ 1440

Regardless of the length of this journey, we will continue to speak for those who cannot, and we will continue to pray to the One who can change the hearts of those in desperation and those in power who equally hold the lives of the innocent in their hands.

May we, in love, defend the unborn. May we, in humility, confront this national sin. And may we mourn what abortion reveals about the conscience of our Nation.

Madam Speaker, we go to extraordinary lengths to save not only human beings, but even animals because we value life so much. However, there are

many who do not hold the unborn in the same esteem, and that is tragic for more than 1 million unborn babies every year.

There is nothing more important than protecting voiceless, unborn children and their families from the travesty of abortion. Therefore, I urge my colleagues to vote for life by voting in favor of this rule and the underlying bill.

The material previously referred to by Ms. SLAUGHTER is as follows:

AN AMENDMENT TO H. RES. 266 OFFERED BY MS. SLAUGHTER OF NEW YORK

At the end of the resolution, add the following new sections:

SEC. 3. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1595) to amend the Higher Education Act of 1965 to extend the reduced interest rate for Federal Direct Stafford Loans. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 4. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 1595 as specified in section 3 of this resolution.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

The Republican majority may say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: ''Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.''

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: ''Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Ms. FOXX. I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

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

Ms. SLAUGHTER. 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 ordering the previous question will be followed by 5-minute votes on adoption of House Resolution 266, if ordered, and the motion to suspend the rules on H.R. 1151.

The vote was taken by electronic device, and there were—yeas 229, nays 196, not voting 9, as follows:

[Roll No. 248]

YEAS—229

Aderholt
Alexander
Amash
Amodei
Bachmann
Bachus
Barletta
Barr
Barton
Benishek
Bentivolio
Bilirakis
Bishop (UT)
Black
Blackburn
Boustany
Brady (TX)
Bridenstine
Brooks (AL)
Brooks (IN)
Broun (GA)
Buchanan
Bucshon
Burgess
Calvert
Camp
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman
Cole
Collins (GA)
Collins (NY)
Conaway
Cook
Cotton
Cramer
Crawford
Crenshaw
Culberson
Daines
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Farenthold
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Heck (NV)
Hensarling
Herrera Beutler
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce
Kelly (PA)
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
LaMalfa
Lamborn
Lance
Lankford
Latham
Latta
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Marchant
Marino
Massie
McCarthy (CA)
McCaul
McClintock
McHenry
McKeon
McKinley
McMorris Rodgers
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Perry
Petri
Pittenger
Pitts
Poe (TX)
Pompeo
Posey
Price (GA)
Radel
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Runyan
Ryan (WI)
Salmon
Sanford
Scalise
Schock
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (FL)
Young (IN)

NAYS—196

Andrews
Barber
Barrow (GA)
Bass
Beatty
Becerra
Bera (CA)
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Brady (PA)
Braley (IA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyle
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Garcia
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman

Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larson (CT)
Lee (CA)
Levin
Lewis
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Matheson
Matsui
McCollum
McDermott
McGovern
McIntyre
McNerney
Meeks
Meng
Michaud
Miller, George
Moore
Moran
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Owens
Pallone
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Peterson
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rahall
Rangel
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)

NOT VOTING—9

Bonner
Campbell
Hunter
Larsen (WA)
Markey
McCarthy (NY)
Pascrell
Rogers (KY)
Yarmuth

□ 1507

Messrs. SHERMAN and PAYNE changed their vote from ''yea'' to ''nay.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

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

Ms. SLAUGHTER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 232, nays 193, not voting 9, as follows:

[Roll No. 249]

YEAS—232

Aderholt
Alexander
Amash
Amodei
Bachmann
Bachus
Barletta
Barr
Barton
Benishek
Bentivolio
Bilirakis
Bishop (UT)
Black
Blackburn
Boustany
Brady (TX)
Bridenstine
Brooks (AL)
Brooks (IN)
Buchanan
Bucshon
Burgess
Calvert
Camp
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman
Cole
Collins (GA)
Collins (NY)
Conaway
Cook
Cotton
Cramer
Crawford
Crenshaw
Culberson
Daines
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Farenthold
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Heck (NV)
Hensarling
Herrera Beutler
Holding
Hudson
Huizenga (MI)
Hultgren
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce
Kelly (PA)
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
LaMalfa
Lamborn
Lance
Lankford
Latham
Latta
Lipinski
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Marchant
Marino
Massie
McCarthy (CA)
McCaul
McClintock
McHenry
McIntyre
McKeon
McKinley
McMorris Rodgers
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Perry
Peterson
Petri
Pittenger
Pitts
Poe (TX)
Pompeo
Posey
Price (GA)
Radel
Rahall
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Runyan
Ryan (WI)
Salmon
Sanford
Scalise
Schock
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Walz
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (FL)
Young (IN)

NAYS—193

Andrews
Barber
Barrow (GA)
Bass
Beatty
Becerra
Bera (CA)
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Brady (PA)
Braley (IA)
Broun (GA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyle
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Garcia
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huelskamp
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larson (CT)
Lee (CA)
Levin
Lewis
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Matheson
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Michaud
Miller, George
Moore
Moran
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Owens
Pallone
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rangel
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)

NOT VOTING—9

Bonner
Campbell
Hunter
Larsen (WA)
Markey
McCarthy (NY)
Pascrell
Rogers (KY)
Yarmuth

□ 1516

Mr. GINGREY of Georgia changed his vote from ''nay'' to ''yea.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

CONCERNING THE PARTICIPATION OF TAIWAN IN THE INTERNATIONAL CIVIL AVIATION ORGANIZATION

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1151) to direct the Secretary of State to develop a strategy to obtain observer status for Taiwan at the triennial International Civil Aviation Organization Assembly, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. ROYCE) that the House suspend the rules and pass the bill.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 424, nays 0, not voting 10, as follows:

[Roll No. 250]

YEAS—424

Aderholt
Alexander
Amash
Amodei
Andrews
Bachmann
Bachus
Barber
Barletta
Barr
Barrow (GA)
Barton
Bass
Beatty
Becerra
Benishek
Bentivolio
Bera (CA)
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Black
Blackburn
Blumenauer
Bonamici
Boustany
Brady (PA)
Brady (TX)
Braley (IA)
Bridenstine
Brooks (AL)
Brooks (IN)
Broun (GA)
Brown (FL)
Brownley (CA)
Buchanan
Bucshon
Burgess
Bustos
Butterfield
Calvert
Camp
Cantor
Capito
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Carter
Cartwright
Cassidy
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Chu
Cicilline
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Conaway
Connolly
Conyers