

Granger	Luther	Rush
Graves	Lynch	Ryan (WI)
Green (TX)	Maloney (CT)	Ryun (KS)
Green (WI)	Manzullo	Sabo
Greenwood	Markey	Sanchez
Grucci	Matheson	Sanders
Gutierrez	Matsui	Sandlin
Gutknecht	McCarthy (MO)	Sawyer
Hall (TX)	McCarthy (NY)	Saxton
Hansen	McCollum	Schaffer
Harman	McCrery	Schakowsky
Hart	McDermott	Schiff
Hastings (FL)	McGovern	Schrock
Hastings (WA)	McHugh	Scott
Hayes	McInnis	Sensenbrenner
Hayworth	McIntyre	Serrano
Hefley	McKeon	Sessions
Herger	McKinney	Shadegg
Hill	McNulty	Shaw
Hilleary	Meehan	Shays
Hilliard	Meeks (NY)	Sherman
Hinche	Menendez	Sherwood
Hinojosa	Mica	Shimkus
Hobson	Millender-	Shows
Hoeffel	McDonald	Shuster
Hoekstra	Miller, Dan	Simmons
Holden	Miller, Gary	Simpson
Holt	Miller, George	Skeen
Honda	Miller, Jeff	Skelton
Hooley	Moore	Slaughter
Horn	Moran (KS)	Smith (MI)
Hostettler	Moran (VA)	Smith (NJ)
Houghton	Morella	Smith (TX)
Hoyer	Murtha	Smith (WA)
Hulshof	Myrick	Snyder
Hyde	Nadler	Solis
Inslee	Napolitano	Souder
Isakson	Neal	Spratt
Israel	Nethercutt	Stark
Issa	Ney	Stearns
Istook	Northup	Stenholm
Jackson (IL)	Norwood	Strickland
Jackson-Lee	Nussle	Stupak
(TX)	Oberstar	Sullivan
Jefferson	Obey	Sununu
Jenkins	Olver	Sweeney
John	Ortiz	Tancred
Johnson (CT)	Osborne	Tanner
Johnson (IL)	Ose	Tauscher
Johnson, E. B.	Otter	Tauzin
Johnson, Sam	Owens	Taylor (MS)
Jones (NC)	Oxley	Taylor (NC)
Jones (OH)	Pallone	Terry
Kanjorski	Pascrell	Thomas
Kaptur	Pastor	Thompson (CA)
Keller	Payne	Thompson (MS)
Kelly	Pelosi	Thornberry
Kennedy (MN)	Pence	Thune
Kennedy (RI)	Peterson (MN)	Tiahrt
Kerns	Peterson (PA)	Tiberi
Kildee	Petri	Tierney
Kilpatrick	Phelps	Toomey
Kind (WI)	Pickering	Turner
King (NY)	Pitts	Udall (CO)
Kingston	Platts	Udall (NM)
Kirk	Pombo	Upton
Klecza	Pomeroy	Velazquez
Knollenberg	Portman	Visclosky
Kolbe	Price (NC)	Vitter
Kucinich	Pryce (OH)	Walden
LaFalce	Putnam	Walsh
LaHood	Quinn	Wamp
Lampson	Radanovich	Waters
Langevin	Rahall	Watson (CA)
Lantos	Ramstad	Watt (NC)
Larsen (WA)	Rangel	Watts (OK)
Larson (CT)	Regula	Waxman
Latham	Rehberg	Weiner
LaTourette	Reyes	Weldon (FL)
Leach	Reynolds	Weldon (PA)
Lee	Riley	Weller
Levin	Rivers	Wexler
Lewis (CA)	Rodriguez	Whitfield
Lewis (GA)	Roemer	Wicker
Lewis (KY)	Rogers (KY)	Wilson (NM)
Linder	Rogers (MI)	Wilson (SC)
Lipinski	Rohrabacher	Wolf
LoBiondo	Ros-Lehtinen	Woolsey
Lofgren	Ross	Wu
Lowe	Rothman	Wynn
Lucas (KY)	Roybal-Allard	Young (FL)
Lucas (OK)	Royce	

NOT VOTING—15

Callahan	Meek (FL)	Stump
Clay	Mink	Thurman
Hunter	Mollohan	Towns
Maloney (NY)	Paul	Watkins (OK)
Mascara	Roukema	Young (AK)

□ 1108

So (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ABORTION NON-DISCRIMINATION ACT OF 2002

Mrs. MYRICK. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 546 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 546

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 4691) to prohibit certain abortion-related discrimination in governmental activities. The bill shall be considered as read for amendment. The previous question shall be considered as ordered on the bill to final passage without intervening motion except: (1) one hour of debate on the bill equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit.

The SPEAKER pro tempore (Mr. LAHOOD). The gentlewoman from North Carolina (Mrs. MYRICK) is recognized for 1 hour.

Mrs. MYRICK. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman 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.

On Tuesday, the Committee on Rules met and granted a closed rule for the Abortion Non-Discrimination Act of 2002. H.R. 4691 strengthens existing law by saying that health care entities should not be forced by the government to provide abortions. It is a very small but very important step in the right direction. It simply protects conscience rights of those organizations who do not want to be involved in abortion.

I urge Members to act promptly to enact the Abortion Non-Discrimination Act, which will address the crisis of conscience rights and begin to eliminate the intolerance, coercion and discrimination against health care participants who do not believe in participating in abortion procedures due to moral or religious beliefs.

In 1996 Congress passed a law that forbids government discrimination against health care entities that refuse to undergo training in the performance of induced abortions, to require or provide such training, to perform such abortions or to provide referrals for such training for such abortions.

However, due to recent judicial misrepresentation, H.R. 4691 is needed to clarify that health care entities include all health care organizations, including hospitals. It is a simple, commonsense and technical change.

I am pleased that in my home State of North Carolina a physician or a nurse does not have to perform abortion if it is against their religious principles. The same applies for hospitals and health care institutions. In fact, 44 other States have similar conscience clauses. So this is not something new and different.

As a cosponsor of this legislation, I am very pleased to see it reach the floor of the House.

I also believe that today a growing number of health care practices, procedures and medications present serious moral concerns for many health care providers. Recent medical and pharmacological developments increasingly put health care entities at the vortex of some of society's controversial moral dilemmas.

Increasingly, there is pressure upon health care providers, both individuals and organizations, to put aside personal moral beliefs in order to facilitate convenient access to new drugs, procedures and technologies. In the ordinary course of professional life, without any additional pressures, these dilemmas arise often enough to create crisis for tens of thousands of health care entities.

However, in addition to these dilemmas, there are increasing pressures upon health care participants to facilitate or provide products or services which violate their own conscience. Advocates of particular procedures and programs, particularly major promoters of abortion, are systematically singling out health care providers and entities to squeeze and compel them to abandon their moral values as the price to pay to remain in the profession or in the market.

Mr. Speaker, health care providers want this bill in overwhelming numbers, believing in their hearts that they too have a right to choose, a right to choose not to be involved in destroying life. To that end, I urge my colleagues to support the rule and the underlying bill.

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

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

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Speaker, I thank the gentlewoman from North Carolina (Mrs. MYRICK) for yielding me the customary 30 minutes.

Mr. Speaker, it has been a mere 6 weeks since the leadership lobbied on to the House floor a bill targeting women and their reproductive health care. Be assured that the election season is upon us, and in the face of a crumbling stock market and exploding deficits and uncertain war on terrorism at home and calls for new war in Iraq, of this we can be sure: Congress will use the floor of the House of Representatives to push propaganda restricting a

woman's ability to make her own decisions rather than deal with the overriding issues at hand.

□ 1115

Mr. Speaker, Congress does not have the right or the expertise to make these decisions for the American people. The last time Members were facing a life-or-death decision, or their constituents were facing a life-or-death situation, who would they want with them in the emergency room? Did they want their physician, their spiritual adviser, family members, or would that patient say wait until a Member of Congress gets here because Congress will have the last word on this issue? I am sure that the American public would give us a resounding no. We are basically practicing medicine without a license.

Direct mail pieces distorting the issue are already being printed and will hit the streets as soon as the vote is completed. This vote is pure politics. This measure is cynical and unconstitutional. Moreover, everyone in the Senate knows that the Senate will not touch it.

In the meantime, the real work of the Congress as mandated by the Constitution goes undone. Our most fundamental duty of funding the Nation's priority has ground to a halt. With the fiscal year ending in less than a week, the President has yet to sign a single appropriations bill. The press reports indicate that the majority leadership has under consideration a plan to simply quit work and go home and come back and try again next year, using a long-term continuing resolution to disguise that fact that the people's House has ceased to perform anything but election-year gimmicks at taxpayers' expense.

It is almost superfluous to note that this is a closed rule. For those following the deliberations of this body on controversial matters, it should come as no surprise. The majority has chosen to shut out meaningful debate. Under this closed rule, no amendment will be allowed. For a bill that impacts so fundamentally on the life of so many, this is unconscionable.

For those school children who may be visiting this Chamber today, I wanted to offer a quick history lesson. Silence was not always the case here. Free-flowing debate used to be the norm. The Chamber used to team with ideas and with voices of passion from all regions of the country. Today these voices are shut out. My colleagues, the gentlewoman from Colorado (Ms. DEGETTE), the gentleman from California (Mr. WAXMAN), and the gentleman from Pennsylvania (Mr. GREENWOOD), attempted to have an amendment made in order in the Committee on Rules to prevent the most egregious effects of the underlying bill taking effect. Their efforts were struck down almost immediately along a party-line vote. It is my hope that someday true debate will return to this Chamber and

the voices of our constituents will not be silenced.

But today, Mr. Speaker, instead of debate, we will have an up-and-down vote on a bill that will radically expand existing law. This legislation would essentially allow any health care entity, including hospitals, health insurance companies, or HMOs, to exempt themselves from current Federal, State and local laws that assure women have access to reproductive services. I want to make the point here that that says that the Hyde amendment, which was passed by Congress which allows a person who has been a victim of rape or incest to have an abortion, will be overridden by this bill. It says that any law or regulation by a State or the Federal Government can be overridden.

Now, any law or regulation that covers any kind of coverage will be considered discriminatory against a health care entity that does not want to comply, for any reason at all, not merely religious, and could not be enforced. Remember, the religious exemption has been in legislation for years. That is not what we are doing today. The penalty for any State or local government which discriminates is the loss of all, all Federal financial assistance. At a time when hospitals and local governments are hanging on by a thread, such a loss of Federal funds would be devastating.

H.R. 4691 has been brought to the floor without any committee consideration and over the strong objections of the moderate Members of the majority party. Moreover, for a party that prides itself on attention to States' rights, it is ironic that this legislation will override the progress of States that have worked to ensure that women not only have access to reproductive services, but also the right to basic information.

This bill reinstates the gag rule. Many in this body may not realize it, but the Federal Government does not pay for abortion services. As I mentioned before, the Hyde amendment to the Medicaid program stipulates that Medicaid patients must have access to these procedures only in cases of rape, incest or when the pregnancy endangers a woman's life. That would be gone. This bill before us overrides even that most narrow of exceptions. Moreover, States like mine, who use their own Medicaid funds to cover abortion services beyond those narrow circumstances if they wish, and in fact, 21 States do so, this bill would preclude these States from enforcing their own laws and constitutional decisions in the area of reproductive services for low-income women.

Mr. Speaker, this bill is not limited to reproductive services themselves. Under the bill, States would be prohibited from requiring health care entities participating in the Medicaid programs to provide referrals for reproductive services. It would prohibit States from ensuring that patients have all of the

information they need to make an informed choice about themselves, the gag rule again.

Moreover, this bill is a direct assault on the doctor-patient relationship. Under this legislation, the administrative hospitals or HMOs could gag the doctors who work under them from discussing basic information about abortion services with their patients. We restrict no other professionals from giving the best of their advice to people who seek it.

This law provides no guidelines for why these administrators may be gagging physicians from providing or even discussing reproductive services. It will say simply to save the HMO more money. The legislation is a gross expansion of the powers of the managed-care entities to severely limit the options available to the patients that they supposedly serve. The legislation would also undermine a State's ability to set health care licensing and certification standards. Imagine that, we would be setting certification standards and licensing for them from here as well.

In deciding whether to approve a hospital merger, for example, a State could not consider whether a newly merged hospital system would diminish a community's access to full reproductive health services. This would tie the hands of States like New Jersey that are trying to ensure that entire communities are not completely without any qualified abortion providers.

In fact, supporters of the bill have stated that this is their intent. The measure is opposed by numerous groups, including the National Council of Jewish Women, Catholics for Free Choice, the American Association of University Women, the American College of Obstetricians and Gynecologists, the Center for Reproductive Law and Policy, National Organization of Women, the National Partnership for Women and Families, People for the American Way, and the Planned Parenthood Federation of America, and certainly me.

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

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. HAYES).

(Mr. HAYES asked and was given permission to revise and extend his remarks.)

Mr. HAYES. Mr. Speaker, today I rise in strong support of the rule and the Abortion Nondiscrimination Act. The gentlewoman from New York (Ms. SLAUGHTER) strayed a bit from the subject, and I feel the necessity to respond.

As far as the work of the House is concerned, the House is doing its work. Under article 1 section 7, clause 2, the House has passed a budget and many other important pieces of legislation. As required by law, we have done our work. The Senate has not passed a budget.

More importantly, to say that protection of human life is not significant

legislation is as sadly wrong as it possibly can be. H.R. 4691 is simply a clarification of current law. This existing nondiscrimination statute that Congress overwhelmingly approved and President Clinton signed into law in 1996 protects health care entities from being forced by the government to perform abortions. Because of judicial misinterpretation, H.R. 4691 is needed to clarify that health care entities include all health care organizations, including hospitals.

In recent years, there has been a growing nationwide effort to attack the conscience rights of Catholic and other private health care providers. Alaska courts have assumed they have the authority to force private hospitals to provide abortions as a condition for receiving Federal funds or for full participation in the health care system. It is imperative that we clarify the protections contained in current law to ensure that no hospital is forced to perform abortions against its will. I support the rule and the underlying bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Washington (Mr. McDERMOTT).

Mr. McDERMOTT. Mr. Speaker, I cannot help thinking that we are moving back to the 16th century. This is the most far-reaching assault on women that I have ever seen in this House. I want to put a human face on this. In 1963, I was an intern at the Buffalo General Hospital. I dealt with two poor women who had back-alley abortions. One had eight children, one had six. They were done with coat hangers, and both those women died. I still see their faces.

At the same time that was going on in Buffalo at the place I now live, Seattle, women could go down to a travel agency, buy a ticket to Japan, have a day's shopping and an abortion, and come home. Now, that is the circumstance in 1961, 1962, 1963 in this country.

For us to be moving back in this direction, overriding *Roe v. Wade*, and the Hyde amendment, is simply a step back into the dark ages and it is absolutely wrong. This is not a women's issue; this is a human issue. Those 14 children in Buffalo who grew up without their mothers because their mothers could not have full reproductive services in a decent hospital in a major city in the United States are what Members are saying is all right for all of the children of this country.

Leave no children behind, my President has said. Well, this is guaranteed to leave children behind if we step back this far into the past. I urge Members to vote against this rule.

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentleman from Kansas (Mr. RYUN).

Mr. RYUN of Kansas. Mr. Speaker, I rise in support of the rule, H.R. 4691. Today we have the opportunity to support freedom of conscience for those in our health care system and who have invested their lives in caring for their

fellow Americans. Forty-six States protect hospitals and health care professionals who choose not to participate in abortions; and even though there is existing law, Federal law, intended to protect individuals and entities from being forced to participate in an abortion, clarification is still needed, and that is what we are doing today.

Some hospitals and doctors are being forced to go against their conscience and provide abortion services. In spite of existing law, this coercion still exists. For example, the National Abortion and Reproductive Rights Action League has a project in Maryland that aims to require every Maryland hospital to provide abortion services.

H.R. 4691 will guarantee that hospitals, insurance companies, and health care professionals will not be forced to take part in a procedure that they deem morally wrong and disagree with.

Whether one supports a right to life or a right to abortion, participating in or paying for abortion should not be forced upon anyone. I urge Members to stand with me in supporting this rule and our constituents' freedom of conscience.

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

(Ms. WOOLSEY asked and was given permission to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Speaker, I rise today in strong opposition to H.R. 4691. It is a misguided measure that has dangerous implications for women's reproductive health and for our health care system as a whole.

Of course, elections are near, so this debate might be advanced because of a right wing, anti-choice agenda. We have heard and it has been made quite clear that their political schemes are worth sacrificing the health of American women. This bill robs women of their right to get comprehensive information about their medical and legal options, and this bill will leave health care providers at the whim of the anti-choice movement.

□ 1130

The current state of our health system is obviously weakening day by day. Our constituents are experiencing increased premiums or they are being dropped by their plans altogether, and now the right wing of this Congress is prepared to tell our constituents that their right to make an informed decision is being taken away.

Mr. Speaker, rather than putting patient access to care in further jeopardy, why are we not working to improve access to quality health care? This bill also is a slap in the face to State and local governments that have implemented policies that put a woman's health ahead of bad politics.

We cannot fall for the outrageous antics of the anti-choice community. We cannot let them twist another health care issue into a political issue. That is why I implore my colleagues, my col-

leagues on both sides of the aisle, vote against this extremely harmful measure and vote against this rule.

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentlewoman from Pennsylvania (Ms. HART).

Ms. HART. Mr. Speaker, for many individuals, opposition to abortion is not just a matter of choice but it has been a matter of conscience and faith. Many individuals so moved to oppose abortion are the health care providers who at one time under Federal law found themselves in the difficult position of objecting to the procedure but being forced to perform it. Fortunately in 1996 Congress recognized that those who choose to oppose abortions should not be forced to administer the procedure and passed legislation protecting those, as they called them, health care entities from being forced by the government to perform those abortions.

Since the passage of that law, though, those who do not want to respect the right of individuals to conscientiously object to performing this procedure and want to ignore the will of Congress have fought this provision nationwide. The attack has been successful in cases such as in Alaska where courts have decided that they can force private hospitals to provide abortions as a condition of fully participating in their health care system. The ignorance of the faith and conscientious objection of American health care professionals and organizations is unacceptable.

That is why I support this legislation. It simply clarifies language in the law so that all health care entities, including Catholic hospitals and individual health care professionals other than physicians, are covered and can freely object to performing abortions on the basis of their conscientious decision.

Opponents of the bill have argued that this legislation will block access to emergency care for poor women or that it will interfere with a State's right to enforce abortion laws. None of this is true. The bill simply protects the conscientious objection of health care providers who oppose abortion.

Mr. Speaker, this is a simple and very direct bill. It does not expand or change any rights of women. What it does is it allows for the free exercise of a conscientious objection of a health care provider.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 30 seconds to respond to the previous speaker. It does indeed change women's rights. It puts a gag rule on women, and the religious exemption that she talks about clarifying is already in legislation. What this does is drive women back to back alleys.

Mr. Speaker, I yield 3 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. I thank the gentlewoman for yielding me this time.

Mr. Speaker, I rise today in strong opposition to H.R. 4691 and in opposition to the rule that we are considering

right now because we should not be considering this legislation at all. Despite the wishes of the bill's promoters, our United States Constitution does in fact guarantee American women the right to choose an abortion. And while this bill does not directly overturn *Roe v. Wade*, it might as well for many women do that since it will make access to abortion impossible for them. To talk about this as a technical change is simply cynical. This is one of the most dangerous attempts to restrict a woman's right to choose, including her right to information and services regarding her reproductive health.

H.R. 4691 would allow an HMO or a health insurance company to decide for any reason whatsoever that it will no longer pay for, provide information or even make referrals for abortion services even if the woman's life is endangered or she is a victim of rape or incest. Under this bill, it would be impossible for a State to ensure that women who are victims of rape or incest or whose life is threatened would have access to abortions. In this world today, there are decreasing options for everyone in choosing health insurance companies or HMOs.

So are we going to leave it, then, to an employer to decide whether or not a woman would have a right to choose in essence because that HMO would deny them access to the abortion? And in rural areas where there may be only one option for a woman to go, she is denied that opportunity to have her full health services available to her.

What this bill really does is allow any health care entity to ignore all Federal, State and local laws pertaining to abortion services, information and referrals. It is not a conscience clause as some would like to call it, as if HMOs have a conscience. In fact, there are no Federal laws that currently exist that require any individuals or hospitals to provide abortions. But this bill would restrict a doctor's rights; that is, his right if he believes in his medical judgment or in his conscience that it is his responsibility to provide those services, he could not do that. So this does limit the right of doctors not to be forced to perform it but to be forced not to perform abortions.

Women in this country need to be able to trust that when they go to a doctor with a problem or a condition that they will be given all information necessary to make informed decisions. But this bill would gag doctors. Informed consent as a minimum is a valued and expected component of our health care system. So why do we think that when it comes to women's health it is okay to throw even this concept out the window?

This is unacceptable. I urge a "no" vote.

Mrs. MYRICK. Mr. Speaker, I am pleased to yield 1½ minutes to the gentleman from Missouri (Mr. AKIN).

Mr. AKIN. Mr. Speaker, I think those of us that have served in public office

at all know that when you come to the abortion question, there are two very highly charged and two different views on this subject. Some people think that abortion should be legal and that it is a matter of a human right and somebody's choice. Other people think that abortion is wrong and it is a form of murder. There are people in our country and in each of our districts that hold both of these views with a great deal of tenacity.

But the question before us today is really not the question of abortion. We are not going to address this underlying issue. What we are talking about instead, the question is as to whether we protect various health care organizations or individuals, whether we want to protect their right to have a choice, to even have an opinion on the subject.

What is going on here is that the abortion agenda is not really content with choice. The only choice that they are content with is that everybody has to agree with them and that we are going to compel someone else to that choice. It is always understood, I think, by most reasonable people that one person's rights stop where another person's rights start. But that is not the case here. Instead, the right of some health care organization to have an opinion on this subject is going to be hammered by the big fist of government. That is not reasonable.

All we are saying is that the person that has to provide the service needs to have a choice as well. One person's right stops where another's right starts.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume. I want to say, there is already conscience exemptions and everybody knows that. That is not why we are here today. We are really here today to turn back the clock. Without any doubt, a woman who has the opportunity even to understand what her rights are and what her options are, this is an appalling thing that we are doing. This is not an ordinary law we are talking about here. This is life and death. A woman who has come into a hospital raped, scared to death, does not know what to do, needs somebody to talk to, may have the unlucky option of coming across a doctor who says his conscience forbids him from discussing it with her, comforting her or giving her any idea that she has options.

But since this House is all politics all the time in this Chamber, I want to give you some statistics that I think might be interesting on a political issue. The vast majority of Americans oppose allowing institutional health care providers to deny service on the basis of moral or religious objections. Seventy-six percent of the public opposes giving hospitals an exemption allowing them to refuse to provide medical services to which they object on religious grounds. Eighty-nine percent of the public opposes allowing insur-

ance companies to refuse to pay for medical services to which the insurance company objects on religious grounds. Seventy-nine percent of the public finds convincing the statement that religiously affiliated hospitals should not be allowed to force their religious beliefs on other people. And frankly, I expect that nigh 100 percent of the people in the United States do not believe that Congress should impose its religious beliefs on them.

Mr. Speaker, I include the following material for the RECORD:

AMERICAN CIVIL LIBERTIES UNION,
WASHINGTON NATIONAL OFFICE,
Washington, DC, September 24, 2002.

DEAR REPRESENTATIVE: The ACLU urges you to vote against H.R. 4961, the so-called "Abortion Non-Discrimination Act" when it is considered on the House floor tomorrow. Drafted by the U.S. Conference of Catholic Bishops and sponsored by Representatives DICK ARMEY (R-TX), JOSEPH PITTS (R-PA), and MICHAEL BILIRAKIS (R-FL), H.R. 4691 would allow a broad range of health care entities to refuse to comply with a wide array of federal, state, and local requirements to provide abortion services or information about those services.

Refusal clauses such as H.R. 4691 permit a person or entity to refuse to provide reproductive health services. The ACLU believes that such clauses should be tested against two factors: (1) the extent to which the clause protects religious refusals that place burdens on people who do not share the beliefs that motivate the refusal (by "burdens," we mean obstacles to health care and other critical personal interests, but not the mere exposure of third parties to religious practices or the tax or other financial burdens that may result from permitting certain exemptions); and (2) the extent to which the clause protects institutions engaged primarily in religious worship or instruction, or instead exempts institutions engaged in a secular pursuit in the public sphere. Although this test is not compelled by an legal ruling, the ACLU believes that it strikes the appropriate balance between reproductive rights and religious freedom. H.R. 4691 fails this test because its burdens would fall primarily on those who do not share the beliefs that motivate the refusal and because it protects institutions engaged in the public and secular provision of health care. Because H.R. 4691 amounts to a broad noncompliance permit for religious entities that employ and serve people of all faiths, that perform a variety of public functions, and that accept public financial support, the ACLU strongly opposes this bill.

H.R. 4691 radically alters existing law by providing broad license for all manner of health care entities—from hospitals to insurance companies to HMOs—to avoid basic legal requirements imposed by all levels of government. The bill prohibits a governmental entity from "discriminating"—that is, treating a health care entity differently—on the basis of the entity's refusal to perform, refer, train, cover, or pay for abortions. But merely enforcing federal, state, and local laws designed to ensure access to abortion services, or to information about those services, could constitute "discrimination" against entities that object to those laws. This bill could thus deny women access to critical information about their health care options, interfere with the delivery of abortion services to poor women in medical emergencies, and impede states' ability to enforce their own laws on abortion.

H.R. 4961:

Would compromise the ability of Title X clients to obtain information critical to their health. Title X, which provides federal funds for contraceptive services for low-income individuals, requires that grantees provide a referral to a qualified abortion provider upon request as part of non-directive options counseling. H.R. 4691 would prohibit the federal government from enforcing this regulation because it could be deemed "discriminatory" to deny Title X grants to providers that refuse to make abortion referrals. The bill could thus undermine federal standards and compromise the health of low-income pregnant women by denying them critical information;

Would interfere with the delivery of abortion services to poor women in dire emergencies. H.R. 4691 would impede compliance with the Hyde Amendment, which mandates Medicaid coverage of abortions in cases of rape, incest, or where the pregnancy endangers a woman's life. Requiring Medicaid managed care organizations to provide such coverage, or to provide information concerning such coverage, could constitute "discrimination" against those entities that refuse to provide or refer patients elsewhere for these services;

Would interfere with states' ability to enforce their own laws on abortion. H.R. 4691 could prevent those states that cover medically necessary abortions beyond those mandated by the Hyde Amendment (whether as a result of state constitutional rulings or by virtue of state laws) from effectuating that coverage by contracting only with Medicaid managed care organizations that agree to provide or refer patients elsewhere for abortion services. (More than fifteen states require such coverage.) The provision would interfere with these states' ability to enforce their own laws and to manage and ensure delivery of mandated services within their own Medicaid programs;

Would disrupt the enforcement of state health care regulations. H.R. 4691 would thwart the enforcement of state and local laws that require entities certified or licensed by the state to address the full range of health care needs in the communities they serve. A state might be prevented, for example, from denying a "certificate of need" (a state-issued document that is similar to a permit) to a newly merged hospital that refused to provide even lifesaving abortions and thus left pregnant women in the community without help in medical emergencies. (Mergers between religiously affiliated hospitals and secular hospitals often raise this issue because some religious hospitals insist that the newly merged entity apply religious doctrine in the provision of health services.);

Could violate basic principles of federalism. H.R. 4691 might interfere with the enforcement of rulings by those state courts that have concluded that their state constitutions require broader protection for reproductive freedom than the federal Constitution provides. For example, proponents claim that the bill would overrule *Valley Hospital v. Mat-su Coalition for Choice*, 948 P.2d 963 (Alaska 1997), in which the Alaska Supreme Court concluded that the Alaska Constitution requires that quasi-public hospitals provide abortion services. If interpreted as its proponents urge, this bill would abrogate this state constitutional decision because it would prohibit "discrimination" against quasi-public entities for their refusal to provide or refer for abortions. It would thus strip states of autonomy and violate basic principles of federalism;

Could interfere with the enforcement of certain state trust laws. Some state laws prevent health facilities established as charitable trusts from making significant changes

in their charitable purposes. For example, charitable trust laws may prohibit a hospital founded specifically to serve a broad segment of the community from eliminating the provision of reproductive health services. At least one state has enforced its charitable trust law against a hospital that sought to convert from a community facility to a religiously controlled facility that provided more limited reproductive health services. Proponents of H.R. 4691 argue that such a state would be deemed to have impermissibly "discriminated" against the hospital under the bill; and

Could immunize a health care entity's refusal to provide emergency contraception, even to victims of rape. Because it does not define the term "abortion," H.R. 4691 could permit health care entities to refuse to provide emergency contraception ("EC"), even to victims of rape. Although EC is merely a high dose of ordinary birth control pills and does not interrupt an established pregnancy, some religiously affiliated providers define EC as an "abortifacient." They could use this bill to attempt to shield themselves from repercussions for refusing to comply with state laws that require hospitals to provide EC (or referrals for EC) to rape survivors in their emergency rooms.

Where the Public Stands: The vast majority of Americans oppose allowing institutional health care providers to deny services on the basis of moral or religious objections:

76% of the public opposes giving hospitals an exemption allowing them to refuse to provide medical services to which they object on religious grounds.

89% of the public opposes allowing insurance companies to refuse to pay for medical services to which the insurance company objects on religious grounds.

79% of the public finds convincing the statement that "[r]eligiously affiliated hospitals should not be allowed to force their religious beliefs on other people."

For all of these reasons, the ACLU urges you to oppose H.R. 4691.

Sincerely,

LAURA W. MURPHY,
Director.

GREGORY T. NOJEIM,
*Associate Director and
Chief Legislative
Counsel.*

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

Mrs. MYRICK. Mr. Speaker, I am pleased to yield 3 minutes to the gentlewoman from Connecticut (Mrs. JOHNSON).

Mrs. JOHNSON of Connecticut. Mr. Speaker, I know this is a difficult issue for everybody and I regret to have to rise in strong opposition to this rule and to encourage the Republicans and Democrats, pro-life and pro-choice, to oppose this rule.

I do not know how many of you know women in America who use prescription contraceptives to plan their families, to manage their reproductive capability, but in my experience of the women who are of childbearing age, 99 percent, 95 percent, a very large percent of women in America use prescription contraceptives and many States require that any health plan offering prescription drugs include prescription contraceptives in order to be a non-discriminatory prescription drug plan.

This bill for the first time explicitly says that any HMO CEO, who personally defines prescription contraceptives

as an abortifacient, can alter their plan to deny women the right to coverage under their prescription drug plan of prescription contraceptives.

Ladies and gentlemen, that is wrong. Never have we given, and here it is right in the bill, a provider sponsored organization, (that is a PSO), a health maintenance organization, (that is an HMO), a health insurance plan the power to deny legal benefits. Health insurance plans and the standards they must abide by are set by State law. This is a massive override of State law that regulates health insurance plans and benefits.

I have personally stood on this floor and voted against some very popular health mandates that have frankly come back to haunt me politically because the Federal Government should not be mandating health benefits on States and State plans. This is doing exactly that and it is giving this power arbitrarily to an individual HMO CEO to override State law. We have never done that. We have never stood on this House floor and allowed individuals to say in conscience, when it might well be not in conscience but in cost, the right to make such decisions in opposition to State law! Are we going to allow the conscience clause now to be polluted as an economic instrument?

The protection in conscience is clear. Forty-five States have laws protecting doctors, nurses, all health care professionals, so they do not have to provide sterilization, abortion, or any procedure that in conscience they do not agree with. Furthermore, Catholic hospitals do not have to provide facilities. No institution that in conscience does not agree has to provide services or facilities. They not only do not have to do it if there are doctors or nurses that do not agree, but the institution is protected. All this does is say CEOs are protected as well.

Did you vote for a patients' bill of rights? I do not care whether it was the Democrat's Patients' Bill of Rights or the Republican's Patients' Bill of Rights, the whole goal of that was to allow patients and doctors to make decisions about health plans and not HMO CEOs.

I urge you to vote down this rule. We need a much greater discussion than to bring this up in the waning days of a session that has not passed its appropriation bills.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 1 minute.

I thank the gentlewoman from Connecticut for her very thoughtful remarks. One point she made that I think is terribly important is that we are turning religious exemption, moral thoughts and moral attitudes into an economic issue by saying we simply will not do this. But, moreover, let me make the point that we made earlier when we talked, that any hospital that flies in the face of this legislation will be restricted of all Federal aid, all of it.

□ 1145

And if the Members' hospitals are like mine, and I see no reason why they would not be, this would be devastating to them and hospitals would have to close all over the country.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, let me reiterate some of the points that have been made but most importantly the fact that we should defeat this rule. This rule is a closed rule. It did not allow a very simple amendment which would have essentially said that doctors will not be gagged from telling their patients what is the best medical information for those patients. Why on earth with an issue like this that was never even taken through committee, and I know that because I sit on the committee of jurisdiction, would we then bring a closed rule to the floor with a bill as outrageous and sweeping as this bill? I urge a "no" vote on the rule. And when we look at the consequences of passing the bill, even if the rule did pass, even if the doctors would be gagged, this bill is such an expansion of law that we cannot pass legislation that will hurt patients so badly.

This legislation is the biggest gag rule we have ever seen. It will not protect Catholic hospitals from providing abortions or even referrals to most people. They are already exempt under current law.

The bill would allow any hospital, any health insurance, any clinic, any HMO to deny services, coverage, or even referrals for abortions for any reason whatsoever. Proponents of this bill will say the purpose is to ensure that hospitals with religious affiliations do not provide services that conflict with their values. This is simply not true. First of all, they do not have to right now. Secondly, there is nothing in this bill about opting out of services or information due to religious values. In fact, there is nothing in this bill about religion at all. Anti-choice lawmakers are trying once again to back-door a bill that restricts women's reproductive choices, and this time they are hiding behind the Vatican to do it.

Let me say it again. Catholic hospitals do not have to provide abortion services under current law, and individual providers at any health care facility can opt out of providing abortions by invoking a conscience clause. This is current law.

Let me tell my colleagues what most health care entities do have to do. They have to give women information about their options. A law preventing them from doing so is a gag rule, plain and simple. And the majority of people in this country want their full medical options and are fiercely opposed to gag rules.

Let me tell my colleagues what current laws that this bill would override. The Emergency Medical Treatment and Active Labor Act passed in 1986 re-

quires that if a pregnant woman who comes to an emergency room is dying, is dying, due to the complications of the pregnancy, they have to try to save her life. If an abortion is deemed an immediate lifesaving measure, then they do have to provide one. This bill would overturn that.

So if you think it is acceptable for pregnant women to bleed to death in emergency rooms because some hospitals have a policy of no abortion even under the circumstances of the life of the mother or rape or incest, vote for this bill.

Today if a Medicaid patient comes to an emergency room after being raped and is found to be pregnant as a result of the rape, that hospital is at least obligated to give her a referral if she asks for one. This bill would overturn that. This bill would let a hospital say, I am sorry, you were raped, you want an abortion, but we cannot give you any information about that.

So if you want victims of rape or incest to be ignorant of their options, vote for this bill. If you want HMOs to have more power over what reproductive services they will pay for, vote for this bill. If you want to tell every city, State, and locality that we know better than they do how to provide reproductive health for their citizens, vote for this bill. But if you do not believe in gag rules, if you believe women deserve access to information, if you believe in States' rights, if you believe the women of this country have the right to make their own decisions about their health care, vote against this bill and, importantly, vote against the rule.

Mrs. MYRICK. Mr. Speaker, I yield 4 minutes to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, it has been fascinating to listen to the debate on the other side on this bill. This issue began in 1996 when some of the residency training programs were moving in a direction to require that to be certified and eligible to obtain one's license and specialty, such as OB/GYN, one could be forced to receive training in performing abortions. The Congress has a long-established track record of supporting the rights of conscience on this very, very controversial issue. There are many, many Americans, including many physicians, who feel as I do that abortion is morally wrong, that it is killing the unborn, and that nobody should be forced to learn how to do an abortion if they do not want to do it, and, importantly, no health care entity should be forced to perform abortions.

The original statute that was enacted over the signature of Bill Clinton was language that was actually put forward in the Senate by Senators Coates and SNOW. I will point out that she is pro-choice, and she stated at the time that she wanted to protect the rights of conscience, that people who feel strongly that abortion is killing should not be forced to have to do it.

Now, that statute had some language in it that I thought was sufficiently broad. It says health care entities, and I thought a hospital was a health care entity. But the people on the left who are trying to advance the abortion agenda have managed to get courts to interpret that hospitals are not health care entities and that being that they receive Federal dollars and other State dollars, they could, and in the State of Alaska they have done this, be interpreted to be required to perform abortions.

If my colleagues do not think the left is trying to advance their agenda, I have this here in my hand. They have since taken this off their Web site. This is Maryland NARAL. It says: "For these reasons Maryland NARAL is launching the Hospital Provider Project. The goal of the Hospital Provider Project is to increase access to abortion services by requiring Maryland hospitals to provide abortion and other reproductive health care." So that is really what this debate is about. They have found a loophole in the Federal law and they are trying to drive a truck through it. Eighty-five percent of hospitals in America today avoid this issue by not providing abortion services and a pro-abortion crowd of the court wants to drag them into court and interpret a statute which we thought protected the right of conscience in such a way that it would force them to have to provide this.

I want to touch on two things that people keep bringing up. Number one, this is going to interfere with all the Federal dollars. I do not know what else to say, other than that is a total misinterpretation of the statute. The interpretation that we have received is that, and these are decisions that have come out of the administration, that it will not interfere.

The other thing I want to comment on is this business about contraception. Contraception is not defined by the FDA as abortion. The morning-after pill is not defined by the FDA as abortion. It is defined as contraception. It is something different. So to interpret this statute to claim that it is going to prohibit access is to take essentially a religious entity's doctrine and put that into the statute, and it is just not there. It is not in the language.

So I know people can disagree on interpretations of law. When I look at this law and the legal scholars that I have had analyze it, they assert that that is a falsehood.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD). Members are reminded to refrain from improper references to the other body, including characterizations of positions of the Senate or individual Senators.

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

Mrs. MYRICK. Mr. Speaker, I yield 2½ minutes to the gentleman from Indiana (Mr. SOUDER).

(Mr. SOUDER asked and was given permission to revise and extend his remarks.)

Mr. SOUDER. Mr. Speaker, as we heard earlier, this is an issue that deeply divides our country and us individually. I am passionately pro-life, and I believe it is a shame on America to watch these young kids get killed. But that is not what this bill is about.

This bill is about whether people who share my view about abortion have the right to practice their conscience in America and what are we doing to trample religious rights in America, of people who voluntarily join a health plan that shares their moral and religious beliefs.

Religious institutions, particularly the Catholic Church in this country, founded hospitals to care for the poor and to practice the saving of life. To be able in this country to force them to fund, provide abortion counseling or other things are anathema to their religious beliefs and is wrong.

The bill that my former employer, former Senator Coats, passed in the Senate, intended to address this conscience clause.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Will the gentleman suspend.

The Chair would remind Members to refrain from improper references to the other body, including characterizations of Senate actions.

Mr. SOUDER. As a former staff member, I think I have some flexibility for him.

The SPEAKER pro tempore. The Chair would remind all Members that we do have rules in the House, and the Chair would ask Members to abide by the rules.

Mr. SOUDER. Mr. Speaker, the question in Alaska overruled what was, in my opinion, at least, what my former employer intended to say, that the Alaska Supreme Court struck down the conscience clauses applied to the hospital, holding that there was no compelling State interest in the conscience rights of the hospital.

Now, if compelling State interests overrules a Federal law that is based on religious freedoms based on our Constitution and laws that are passed, we are in deep trouble.

You can see by the intent that my friend, the gentleman from Florida (Mr. WELDON), just referred to of the Maryland national abortion rights group, their goal is to force those of us who deeply feel that abortion is murder to be able to not have our own plans for healthcare, to not fund our own hospital systems, to not have any alternative but to fund what we view as one of the fundamental evils in the United States.

We can continue to fight abortion in this House and we will continue to fight about it, but those of us who deeply hold that this is a fundamental life should not be forced to fund in any way or participate in plans that require us to lay out dollars that require

those of us who share that faith to practice what we believe is murder.

Furthermore, I was deeply offended by the line that said we are trying to hide behind the Vatican. The Council of Catholic Bishops, their pro-life activities have spoken out on this, and there should not be cheap shots at the Catholic Church or those of us who share many deeply held religious views based on those views.

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

Mr. Speaker, I want to respond to the previous speaker who brought up the Alaska decision, because the Alaska Supreme Court concluded that the Alaska State Constitution requires that quasi-public hospitals provide abortion services.

Anti-choice forces use this decision to claim that private religious hospitals will be forced to perform abortions against their will. In fact, Valley Hospital is a non-religious institution with deep ties to the State and local government. It was built on land donated by the city using \$10.7 million in State funds.

Perhaps most importantly, the hospital had been granted a monopoly by the State to operate in the Ma-Su Valley, effectively insulating it from competition in a wide geographic area.

Based on the significant ties to the State, the Alaska courts ruled the hospital was effectively public and that the Alaska State Constitution therefore prohibited the hospital from banning abortions.

This bill, if passed, would violate those basic principles of Federalism by abrogating this State court ruling.

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentlewoman from Virginia (Mrs. JO ANN DAVIS).

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, I rise today to speak in support of the rule on H.R. 4691. This legislation does not give new rights, nor does it take away any. Rather, it is just a clarification of the current law.

As we previously heard from other speakers, in 1996, Congress overwhelmingly, and I repeat, overwhelmingly, approved the existing nondiscrimination statute that protects healthcare entities from being forced by the government to perform abortions. Only because of judicial misinterpretation are we here today to clarify that healthcare entities include all healthcare organizations, including hospitals.

I would like to note what is at stake here, and that is the freedom to abstain from performing an act that one considers to be morally and ethically wrong.

□ 1200

Catholic hospitals, which are particular targets, have had a long history of locating themselves in impoverished areas where not many others are willing to go. They do this as part of their ministry and yet, there is a movement

to shut down these hospitals because they refuse to perform abortions. This is not only ridiculous, but it is callous to all of the people who will suffer without the services that these hospitals provide.

Mr. Speaker, we must stop infringing upon the rights of hospitals, hospital workers, and the patients that they serve. I urge my colleagues to vote "yes" on the rule and to vote "yes" on the final passage of H.R. 4691.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 30 seconds.

Anybody who votes for this rule because they think that they are preserving religious exemptions is exactly wrong. Religious exemptions are already in law.

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

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

Mr. SMITH of New Jersey. Mr. Speaker, to their everlasting credit, 86 percent of hospitals in America do not do abortions. Why? Because they are all about saving life, nurturing, and healing. Pregnancy is not a disease; the unborn child is not a wart or tumor to be killed. Chemical poisoning, literal dismemberment, abortions, are violence against children.

This is all about protecting the right of conscience. NARAL let the cat out of the bag on one their web sites. They said, Maryland NARAL is launching this hospital provider project to increase access to abortion services by requiring Maryland hospitals to provide abortion. They want to compel hospitals of conscience to do abortions—it's that simple.

Not all of the hospitals are religious. There are people who are not religious who have deep, moral convictions, and they believe that abortion takes the life of a baby. We ought to be nurturing. We should not compel our places of healing to become killing fields.

Ms. SLAUGHTER. Mr. Speaker, will the gentleman yield?

Mr. SMITH of New Jersey. I yield to the gentlewoman from New York.

The SPEAKER pro tempore (Mr. THORNBERRY). The time of the gentleman from New Jersey (Mr. SMITH) has expired.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 30 seconds.

In one of those 85 percent of the hospitals that perform no abortions, if a woman should walk in bleeding, dying from a botched abortion, what would they do?

Mr. SMITH of New Jersey. Mr. Speaker, if the gentlewoman will yield, they would do everything to help that woman survive and, in the process of trying to heal her and to attend to her botched abortion, they would probably remove the baby who is probably already dead.

We are talking about doing everything to save both lives. That is what the hospitals and the emergency rooms

throughout this country are about. That is not what this issue is all about.

The SPEAKER pro tempore. The time of the gentlewoman from New York (Ms. SLAUGHTER) has expired.

Ms. SLAUGHTER. Mr. Speaker, I yield myself another minute, and then the gentleman may respond if he would like to.

Before *Roe v. Wade* was passed, women had no option in the world except to go to a back alley, turning themselves over to unspeakable people with filthy hands and dirty equipment, and oftentimes they had to go to doctors and hospitals to try to be saved. Does the gentleman from New Jersey know that many of those hospitals were afraid to take them? Is the gentleman aware that women died? Is the gentleman not aware that if this bill were to pass, that hospitals might again be afraid in a circumstance like that to save a woman, lest they violate this legislation?

Mr. SMITH of New Jersey. Mr. Speaker, this just says to opt out of the killing of unborn babies.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind all Members to address their remarks to the Chair and to properly yield time back and forth, not to enter into a conversation.

The gentlewoman from New York (Ms. SLAUGHTER) controls the time.

Ms. SLAUGHTER. The Speaker is perfectly right, Mr. Speaker, and I apologize. I simply want to make the case that if 85 percent of the hospitals refuse to give reproductive services in the United States, women will die.

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

Mrs. MYRICK. Mr. Speaker, I yield 30 seconds to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, since *Roe v. Wade*, there have been in excess of 42 million unborn children killed by the abortionists, through chemical poisoning, through dismemberment, and most of those are for socioeconomic reasons: Abortion on demand. The baby was unwanted therefore he or she was expendable.

What the abortion lobby is attempting to do is to expand the number of places where those children can be destroyed.

Our hope is that Members will vote for this rule. There will be a motion to recommit, there will be an up-or-down vote on a motion that is from the pro-abortion side. I would hope that Members would vote "no" on that motion to recommit and then vote "yes" on the Bilirakis bill.

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

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. PENCE).

Mr. PENCE. Mr. Speaker, I thank the gentlewoman for yielding me this time.

Mr. Speaker, I rise today on certainly a matter of public policy and a matter of law, but I rise more passion-

ately in support of this rule on a matter of conscience. I am a pro-life Member of this institution and I do not apologize for that. But today's debate I would offer humbly is not really about the debate over life and choice in America; today's debate is actually about the freedom to choose, which is a central tenet of the American experience.

In the same way that no one should be forced to honor a creed that they do not protest or honor a faith that they do not hold, no one and no institution, Mr. Speaker, should be forced to perform abortions against their will, their charter, their faith, their conscience. They should be able to choose, Mr. Speaker.

Now, we are debating here whether or not this institution will take measures to enforce the express will of this institution. Legislation that was signed by President Clinton in 1996 made the law which we seek to defend today the law of the land, Mr. Speaker, but through judicial activism from the bench in Alaska and elsewhere in America, our courts are abrogating the will of the American people as expressed in the laws passed in this institution. We rise today simply to clarify current law.

I say with great respect to my passionate colleagues on the other side of this issue, Mr. Speaker, that there is no hidden agenda here. This is not about denying funding to hospitals, or prescription drugs, or that women will die. The agenda here is very, very public. It is whether or not in America today, in America's health care institutions, there is the freedom to choose; whether there is a freedom of conscience, a freedom of religion, or whether the modern orthodoxy of abortion will be enforced on hospitals as the law of the land.

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

Mr. Speaker, sponsors of the bill do claim that this is just a simple clarification of existing law, but that is absolutely not the case. This is an enormous change in Federal law and would represent an unprecedented intrusion by Congress onto State and local rights. We need to think about that.

Mr. Speaker, all of us believe in life. Some of us simply believe that women should have the right to choose to live as well.

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

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. Mr. Speaker, the other side says this is about choice and, yet, when health care professionals, hospitals across the United States make a choice not to perform abortions, like 86 percent of them do today, abortion proponents have teamed up to force them to perform abortions anyway, regardless of religious objections, regardless of moral objections, regardless of conscientious objections. We have a con-

science clause law passed in 1996 that talks about health care entities, but because of court opinions like the one by the Supreme Court in Alaska, we have to clarify that these entities do include hospitals.

Now, look at what the other side has said. They want to increase access to abortion services by requiring hospitals; it does not say suggest, it does not say urge, it does not say pressure, it says require every hospital in the State of Maryland to perform abortions. That means every Catholic hospital, every Lutheran hospital, every government hospital. That is what they want.

In New Jersey, the pro-abortion lobby sued Our Lady of Lourdes Health Care Services, that is a Catholic agency, and tried to force them to provide abortion. We have heard about Alaska where the pro-abortion lobby went after the Valley Hospital, from whom we heard testimony on the committee, who did not want to provide abortions in the small town of Palmer, and they actually succeeded in the court case that went up to the Supreme Court that ruled that they had to perform abortions.

What happened to the right to choose? What happened to the right of conscience? I guess the right of choice only applies if you agree with the pro-abortion lobby's agenda.

Mr. Speaker, no one should be forced to have an abortion; no one should be forced to perform an abortion.

The other side is talking here on the floor about a vast right-wing conspiracy. Well, if there is a conspiracy in America, maybe it is the vast left-wing conspiracy to shove abortion down everyone's throat. Support the rule, support the bill.

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

I want to say to the gentleman who just spoke that hospitals have been protected since the 1970s, and there is no question about that, and that we are very keen on our side on life and health.

I want to remind everybody of a little bit of history. I am sure all of my colleagues remember the great bill on community health centers which we have not been able to reauthorize for a year. At the end of last year it came up for reauthorization on the suspension calendar and, at the last minute, they attempted to add this piece of legislation to it, but there was such an outcry that they were forced to pull it off. So this year we are going back the other way around. This bill has to be dealt with before all of the community health centers in the United States can get their due from the Congress. That, sir, is a tragedy.

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

Mrs. MYRICK. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

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. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 229, nays 194, not voting 9, as follows:

[Roll No 410]

YEAS—229

Aderholt	Goss	Otter
Akin	Graham	Oxley
Armey	Granger	Paul
Bachus	Graves	Pence
Baker	Green (WI)	Peterson (MN)
Ballenger	Grucci	Peterson (PA)
Barcia	Gutknecht	Petri
Barr	Hall (TX)	Phelps
Bartlett	Hansen	Pickering
Barton	Hart	Pitts
Bereuter	Hastings (WA)	Platts
Berry	Hayes	Pombo
Bilirakis	Hayworth	Portman
Blunt	Hefley	Pryce (OH)
Boehner	Herger	Putnam
Bonilla	Hilleary	Quinn
Bono	Hobson	Radanovich
Boozman	Hoekstra	Rahall
Brady (TX)	Holden	Ramstad
Brown (SC)	Hostettler	Regula
Bryant	Hulshof	Rehberg
Burr	Hunter	Reynolds
Burton	Hyde	Riley
Buyer	Isakson	Roemer
Calvert	Issa	Rogers (KY)
Camp	Istook	Rogers (MI)
Cannon	Jenkins	Rohrabacher
Cantor	John	Ros-Lehtinen
Capito	Johnson (IL)	Ross
Chabot	Johnson, Sam	Royce
Chambliss	Jones (NC)	Ryan (WI)
Coble	Kanjorski	Ryun (KS)
Collins	Keller	Saxton
Combest	Kelly	Schaffer
Cooksey	Kennedy (MN)	Schrock
Costello	Kerns	Sensenbrenner
Cox	Kildee	Sessions
Crane	King (NY)	Shadegg
Crenshaw	Kingston	Shaw
Cubin	Kirk	Sherwood
Culberson	Knollenberg	Shimkus
Cunningham	LaFalce	Shows
Davis, Jo Ann	LaHood	Shuster
Davis, Tom	Latham	Simpson
Deal	LaTourette	Skeen
DeLay	Lewis (CA)	Skelton
DeMint	Lewis (KY)	Smith (MI)
Diaz-Balart	Linder	Smith (NJ)
Doolittle	Lipinski	Smith (TX)
Doyle	LoBiondo	Souder
Dreier	Lucas (KY)	Stearns
Duncan	Lucas (OK)	Stenholm
Dunn	Manzullo	Stupak
Ehlers	McCrery	Sullivan
Ehrlich	McHugh	Sununu
Emerson	McInnis	Sweeney
English	McIntyre	Tancred
Eshoo	McKeon	Tauzin
Everett	Mica	Taylor (MS)
Ferguson	Miller, Gary	Taylor (NC)
Flake	Miller, Jeff	Terry
Fletcher	Mollohan	Thornberry
Foley	Moran (KS)	Thune
Forbes	Murtha	Tiahrt
Fossella	Myrick	Tiberi
Gallely	Nethercutt	Toomey
Ganske	Ney	Upton
Gekas	Northup	Vitter
Gibbons	Norwood	Walden
Gilchrest	Nussle	Walsh
Gillmor	Oberstar	Wamp
Goode	Ortiz	Watkins (OK)
Goodlatte	Osborne	Watts (OK)

Weldon (FL)
Weldon (PA)
Weller
Whitfield

Wicker
Wilson (NM)
Wilson (SC)
Wolf

Young (AK)
Young (FL)

NAYS—194

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barrett
Bass
Becerra
Bentsen
Berkley
Berman
Biggert
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Carson (IN)
Carson (OK)
Castle
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Coyne
Cramer
Crowley
Cummings
Davis (CA)
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley
Edwards
Engel
Etheridge
Evans
Farr
Fattah
Finer
Ford
Frank
Frelinghuysen
Frost

NOT VOTING—9

Callahan
Maloney (NY)
Mascara

McKinney
Mink
Roukema

□ 1237

Mr. HALL of Texas changed his vote from “nay” to “yea.”

Ms. HARMAN, Mrs. BIGGERT and Mr. LANGEVIN changed their vote from “yea” to “nay.”

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.

Mr. BILIRAKIS. Mr. Speaker, pursuant to House Resolution 546, I call up the bill (H.R. 4691) to prohibit certain abortion-related discrimination in governmental activities, and ask for its immediate consideration.

The Clerk read the title of the bill. The text of H.R. 4691 is as follows:

H.R. 4691

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Abortion Non-Discrimination Act of 2002”.

SEC. 2. ABORTION NON-DISCRIMINATION.

Section 245 of the Public Health Service Act (42 U.S.C. 238n) is amended—

(1) in the section heading, by striking “REGARDING TRAINING AND LICENSING OF PHYSICIANS” and inserting “REGARDING TRAINING, LICENSING, AND PRACTICE OF PHYSICIANS AND OTHER HEALTH CARE ENTITIES”;

(2) in subsection (a)(1), by striking “to perform such abortions” and inserting “to perform, provide coverage of, or pay for induced abortions”;

(3) in subsection (c)(2)—

(A) by inserting “or other health professional,” after “an individual physician”;

(B) by striking “and a participant” and inserting “a participant”;

(C) by inserting before the period the following: “, a hospital, a provider sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization or plan”.

The SPEAKER pro tempore (Mr. THORNBERRY). Pursuant to House Resolution 546, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 30 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

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

Mr. Speaker, I am pleased that this important legislation is before us today. We introduced H.R. 4691, the Abortion Nondiscrimination Act, to provide clarity, and I want to emphasize that, to provide clarity to an existing law, I emphasize that, to an existing law, that protects health care entities from being forced to perform abortions against their consciences. The bottom line purpose of this bill is that.

In 1996, the Congress passed and former President Clinton signed the current statute into law which is known as conscience protection. This law was intended to ensure that no health care entity would be discriminated against on the basis that they did not perform abortions. However, court interpretations have called into question whether these sections of law apply to hospitals that object to offering abortions. That is why we must act quickly to clarify existing law to ensure that these protections are afforded to all types of health care entities.

Mr. Speaker, I would like to clarify two points in debate on this bill. Some have charged that this legislation is a massive expansion of current protections; and, Mr. Speaker, that is just false. The original law was intended, whatever happened to legislative intent for crying out loud, the original law was intended to apply to the broadest definition of health care entities. Transcripts from the debates in 1996 and in extensions of remarks in 1998

show that the original authors of the conscience protection intended a broad definition, a broad definition of health care entity. The other contention is that somehow this bill would allow facilities to not provide life saving care. Again, this is false. In fact, in all cases, facilities are regulated, as we know, by laws that require the provision of life saving care and all hospitals are prepared to provide appropriate life saving care.

What this bill does do is protect facilities from being mandated to offer abortions. We must ask ourselves if we want to force people to provide elective procedures that are fundamentally in opposition to their consciences. The gentleman from Indiana (Mr. PENCE) said it very well during the debate on the rule. "I would add that neither the American Medical Association, nor the American Hospital Association believe that anyone, anyone, should be forced to provide elective care against their conscience," and again I emphasize elective care, against their conscience.

Mr. Speaker, this bill is really a very simple technical correction. It is not a massive expansion or a policy to limit access to health care for women. On the contrary, this bill ensures that all facilities will continue to be free to provide the types of services that they find appropriate, and it will not force facilities to close because of fundamental objections to elective medical procedures.

Mr. Speaker, this is a good bill and I urge all of my colleagues to support H.R. 4691.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, we are spending a few hours today debating the abortion non-discrimination bill. Despite this bill's troubling implications for women and despite the strong concerns many of my colleagues and I have about the bill, Republican leadership bypassed the committee and brought it straight to the floor.

While we debate this bill today, a number of issues continue to languish. When my colleagues and I have asked Republican leadership to hold a hearing on legislation that promotes greater competition in the prescription drug marketplace and brings down the cost of prescription drugs, they did nothing. When we asked them to bring the competition bill to the floor, they did nothing.

The Senate has passed similar legislation. If we were to debate it on the floor today, we would pass it, and we would be one step closer to bringing down the cost of prescription drugs. Yet, this Republican leadership is going to send us home before our work is done without passing a bill to cover prescription drugs, without passing a bill to try to get the price of prescription drugs down.

Now, today's House Republicans are proposing legislation that curtails

health care information and curtails services available to women, again, before they bring something as important as prescription drug pricing to the floor. The public has every right to question the priorities of Republican leadership. While the partisan proponents of this bill, H.R. 4691, while the partisan proponents of this bill say it is a simple clarification of existing law, experts agree it is a broad, sweeping change to existing law.

□ 1245

Federal law now allows doctors and hospitals to refuse to perform abortion services because of their religious beliefs. That is Federal law. That is the way it should be. That is what we all agree on.

This bill, however, allows insurance plans and HMOs, not religious organizations, insurance plans and HMOs to refuse to provide or to make a referral for abortion services regardless of religious background, regardless of a woman's medical needs. Under this bill, insurance companies could deny coverage of family planning services just because the time spent with the patient doing nondirective counseling just might eat away at the HMO's bottom line.

Under this bill, Medicaid patients would no longer be guaranteed access to abortion counseling, to abortion counseling in cases of rape and incest, or where the pregnancy endangers the woman's life. Under this bill, State law expanding health insurance requirements to include coverage of nondirective family planning counseling would become irrelevant.

The current conscience clause allows doctors and hospitals to refuse to provide services they are opposed to for religious reasons. That is the way it should be. This bill, however, gags doctors, gags hospitals, regardless of their religious belief. It denies women access to medically necessary services, again regardless of religious beliefs.

Existing law protects a woman's right to medically accurate information. It protects a State's right to govern by its constitution and its laws, and my friends on the other side of the aisle always talk about States rights, unless they do not like the State law. It protects the medical institution's right to refuse to provide services they are religiously opposed to.

Mr. Speaker, we should have passed the prescription drug bill. We are obviously not doing that today. We should be promoting women's health. We are sure not doing that today. What we are doing is compromising women's health.

I urge my colleagues to oppose this expansive, broad-ranging infringement on women's rights and infringement on women's health. It is a bad bill. Vote "no."

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

The gentleman easily forgets that we passed a prescription drug bill last June, and it is the other body which has sat on it.

Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. PITTS), a member of the committee.

Mr. PITTS. Mr. Speaker, in America we believe in rights. We believe in the right of free speech. We believe in the right to choose our religion, right to peaceably assemble, other rights that are enshrined in our Declaration of Independence and every American's right to act according to the dictates of his conscience.

Historically, this right to conscience has applied to individuals and to private organizations as well. In 1996, Congress enacted a law to protect the right of a health care entity to decline to participate in abortion and if they had a conscience against killing unborn children, to decline to participate in this. However, some have read the 1996 law very narrowly to say that it protects only residents and residency programs and only in a training context, and we have had court decisions saying that this health care entity language does not include the full range of participants in providing health care, such as hospitals and health plans and professionals of the facilities.

So this bill, ANDA, the Abortion Non-Discrimination Act, would clarify existing law, strengthen existing law by providing that health care entities should not be forced by the government to pay for abortions or be penalized or discriminated against by government agencies for choosing not to provide or to perform abortions which 86 percent of our hospitals presently choose. It is needed to respond to this national effort that was referred to earlier on the floor by certain groups to force all health care providers to participate in abortions; and we have cited examples in New Jersey, in Alaska, others in Connecticut, in New Hampshire, various places.

So the opponents raise issues like gag rule. Protection from being forced to do abortion referral is part of the 1996 law now. This bill does not create it. Exemption from informed consent or counseling requirements is not found in the 1996 law or in this bill. There is no gag rule here. The bill's protections apply to those who do not want to perform or to make arrangements for or to subsidize abortions against their will.

Mr. Speaker, this is not a radical law. This is reasonable. Pro-choicers and pro-lifers have sponsored this bill that we have before us today. We should not force Catholic hospitals to refer for abortion or provide for abortion or other hospitals who have a conscience against it. I urge support of the bill.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

I would add that the gentleman from Florida (Mr. BILIRAKIS) mentioned this House passed a drug bill in June, one written by the drug companies and advertised by the drug companies and does not serve consumers.

Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. WAXMAN), who had an amendment he wanted to offer to this bill that the partisan majority would not allow him to offer yesterday in the Committee on Rules.

Mr. WAXMAN. Mr. Speaker, the bill before us is an enormous change in current policy about reproductive health, about patients' rights and about federalism. It is not a simple clarification as some have termed it. That may well be the reason we have this process of getting to the floor without markups in committee or subcommittee, without any chance on the floor to offer an amendment.

Let me explain why I say this is a very, very radical bill.

Under current law, beginning since the time of *Roe v. Wade*, there have been Federal laws that allow doctors, nurses and hospitals to refuse to perform abortion services because of their religious beliefs, and they still can get Federal funds for other services. Catholic doctors do not have to perform abortions. Catholic hospitals do not have to support abortion clinics. This permission for people to refuse because of their religious or moral objection is established already in the law and it is working smoothly, but this bill goes far beyond that.

This bill first and most obvious is not a bill about religion or conscience. While current law says that doctors and hospitals can exercise their religious or moral objections, this bill is not defined in that way. This bill would allow insurance companies and HMOs to ignore laws about patients' information and gag rules because they want to cut costs, because they want to reduce benefits or for no reason at all. Any HMO could gag its doctor, not because HMOs have a conscience, but because they would rather cut time with the patient from 9 minutes to 8. Any public hospital could decide that it would be easier if they did not have a protester out front. Further, this bill would allow the gag rule to govern for title X family planning grantees and this would reverse long-standing policy of providing nondirective information on all options.

Secondly, this bill is not just about doctors or even hospitals refusing to provide services. Those people are given permission to refuse under current law. This bill lets hospitals, insurance plans, HMOs and other corporate entities to gag their doctors and nurses from giving medically appropriate information to their patients. In other words, it would allow them to engage in what is medical malpractice, not giving the information their patients are entitled to receive.

We have tried to get a Patients' Bill of Rights enacted. We have had differences on the ability to sue to enforce those rights, but this bill instead provides a legal protection for a gag. It takes away patients' rights. This is a patients' bill of nonrights and having totally failed to enact the bill to pro-

tect patients' rights from the abuse of managed care, the majority is now moving to undo the efforts to those States who have enacted their own patient protection law.

That is the last point I want to make. It overrides State laws. It overrides the constitution in the State of Alaska where it says that a public hospital who is the only provider of services in the entire region must be available for legal abortion services. We should not overturn lightly the constitution of the State of Alaska. We are not here to regulate health insurance at the Federal level. That is what most of my Republican colleagues would object to, and yet they allow this to happen.

This is not a bill about religion. It is not about equal protection. It is the exact opposite, of guaranteeing constitutional rights to safe and legal abortions, family planning and medical privacy; and there is no Federal legitimate purpose here.

I would urge Members to oppose this bill and support the motion to recommit which will make this do what the authors say they want to do.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. VITTER).

Mr. VITTER. Mr. Speaker, I rise today in strong support of the Abortion Non-Discrimination Act, H.R. 4691. The bill before us is, in fact, a much-needed clarification of current law that was meant to provide full conscience protection to health entities, health providers who because of any moral convictions choose not to have anything to do with abortion; but unfortunately today, we will hear a lot of overblown rhetoric from the other side that the sky is falling, that this simple bill is something much more, when it is not, and arguments from people interestingly who say they are pro-choice, yet apparently when a hospital or a clinic or a provider, a doctor makes a choice, the right choice in my opinion, and chooses life, the other side is up in arms.

We have statements and they are documented from proabortion groups that they are actively engaged in a project to force all hospitals, often against their will or moral convictions, to provide abortions; and we know that the ACLU files lawsuits to force providers to perform abortions in States across the country, and sadly, sometimes activist courts find in their favor.

This really exposes the choice side for what they really believe in, which is not choice at all; and it flies in the face of all of their superficial choice rhetoric. It exposes the real proabortion agenda. Furthermore, it makes this commonsense legislation a necessary response from Congress whose intent in the original legislation was clearly to provide full conscience protection, and that intent clearly has been maligned in significant cases.

I want to thank and commend the gentleman from Louisiana (Mr. TAU-

ZIN), the Committee on Energy and Commerce chairman, as well as the gentleman from Florida (Mr. BILIRAKIS), the subcommittee chairman, for their tremendous efforts in guiding this valuable legislation to the floor, and I urge adoption.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. CAPPS), a member of the committee.

Mrs. CAPPS. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, I rise today not only as an elected representative but also as a public health nurse and as the former director of the Santa Barbara School District Teenage Parenting and Pregnancy Project.

I have firsthand experience with the struggles of many young women around the difficult subject of sex. I have dealt with teenagers trying to cope with the ramifications of bad decisions, and I have seen the terrible results when we turn our back and deny them help.

I am deeply troubled by this bill. I consider myself a religious person, and I hold in high respect the deep-seated values and feelings of Americans on the subject of productive health, but no one should have the authority to force his or her personal views upon others.

The Abortion Non-Discrimination Act does just that by overruling a State's rights to enforce laws and to design its own Medicaid program. This legislation is harmful to women. It would allow health care entities to refuse to comply with Federal, State and local laws pertaining to abortion services and referrals.

Under this measure, recipients of title X funds could defy current requirements that enable a woman to receive information upon request about all legal reproductive options.

□ 1300

Not only does this legislation deny women access to vital medical care, it is also unnecessary. Current law already protects the rights of individuals with religious or conscientious objection who may opt out of providing abortion-related services if they so choose; but institutions do not have the same rights as individuals, nor should they. Health care facilities exist to provide services. It should be rare when such a facility denies access to care to anyone. And all a health facility is required to do is to give a woman a referral upon request and to provide an abortion only if they choose in cases of rape or incest or when the life of the mother is in danger.

Mr. Speaker, it is clear that existing law gives sufficient deference to moral objections. Enacting broader conscience or refusal clauses for health entities only leaves women without medical services that they have a constitutional right to.

For decades women have fought to gain access to the reproductive health

services that they need. Last year alone, title X services enabled women to avoid 1 million unintended pregnancies, nearly half of which would have ended in abortion.

This bill would reverse these proven success rates. In fact, this bill is so confusing, it does not even define what an abortion is. And so I respectfully ask the honorable gentleman from Florida (Mr. BILIRAKIS) to explain. Is emergency contraception an abortion? How about oral contraceptives? How about condoms or even advice on where to get this information?

Before we vote, I respectfully ask the gentleman from Florida (Mr. BILIRAKIS) to define what constitutes an abortion.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such additional time as I might require.

I guess I have to continue to respond to statements made by the gentleman from Ohio (Mr. BROWN), my good friend and the ranking member of my subcommittee, when he talks about prescription drugs. The bill was not written by the drug companies. If the drug companies had anything to do with the bill, I certainly did not know about it; and I played a large part in that.

I am talking about a prescription drug bill for seniors now. The bill as it was written was not perfect, but it consisted of \$50 billion more than the minority had placed in their budget and intended to write a bill in the previous Congress. So it is more expensive than the bill that they came up with previously. The bill would help the poor to a very large extent. It would help the very sick to a tremendous extent, and it would help an awful lot of people in between; and it is unfortunate that politics is being played with a piece of legislation which is far from perfect, which is not something that we all would like to see ultimately take place but something that would help people at this point in time.

I would go on, Mr. Speaker, and I would like to read from additional views of Senators Coats, GREGG, FRIST, DEWINE, MCCONNELL, and HUTCHINSON in 1998 during the debate.

PARLIAMENTARY INQUIRY

Mr. BILIRAKIS. Mr. Speaker, is that permissible for me to read?

The SPEAKER pro tempore (Mr. THORNBERRY). Does the gentleman state a parliamentary inquiry?

Mr. BILIRAKIS. I guess I am. I noticed the Parliamentarian stood up.

The SPEAKER pro tempore. The Chair would inquire is it related to proceedings regarding the legislative history on the bill the House is considering?

Mr. BILIRAKIS. It is definitely related to it.

The SPEAKER pro tempore. The gentleman may proceed.

Mr. BILIRAKIS. In any case, this took place during the Health Professions Education Partnerships Act of 1998, and the additional views said Congress explained that the term "health

care entity" includes an individual physician, a post-graduate physician training program, and a participant in a program of training in the health professions, 42 U.S.C. 238n(c)(2)(1996).

They went on to say, and I read verbatim, and this is significant, Mr. Speaker, because of claims made by the other side that this is an expansion of what was intended at that point in time: "We believe that the term 'health care entity' in 42 U.S.C. 238n was intended to be read in the straightforward manner of 'including' not only the specific entities mentioned but also those which are routinely seen as health care entities in common usage and other Federal laws, such as a hospital, provider sponsored entity, health maintenance organization, health plan, or any other type of health . . . entities generally seen as 'health care entities' under Federal law. We intend to explore other means of definitively resolving this question of legislative intent." And that was signed by the Senators that I mentioned earlier.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

The gentleman from Florida (Mr. BILIRAKIS), my friend, said that the drug companies did not write the drug bill that this House in a partisan vote passed. I guess we are all mistaken, but I would like to recount for a moment how this drug legislation passed this House of Representatives.

Back in June we worked on a markup on a bill that the drug companies were totally in support of. There was a fundraiser that had been scheduled for one evening. We stopped the markup so that Republicans could troop off to the fundraiser with the President and the Vice President which raised \$30 million, \$3 million of it from drug companies. The sponsor of the fundraiser, the chairman of it, was the CEO of a British drug company, GlaxoSmithKline, which gave \$300,000 to the Republican campaign coffers.

The next day we came back, passed a bill, defeated every amendment on a partisan vote that was a proconsumer, prosenior amendment. The bill then passed in a partisan vote. It passed the House in a partisan vote.

And then in the most cynical move I have seen in 10 years in Congress, the drug companies spent literally millions of dollars advertising on television, thanking the Republicans for passing their drug bill. The only thing was, Mr. Speaker, they did not say "paid for by" Pfizer or Merck or Eli Lilly or Pharmacia or Glaxo. They said paid for by United Seniors Association or paid for by 60 Plus. So the drug companies spent millions of dollars thanking the Republicans, but they used a front group to make it look like it was a senior organization or actually two senior organizations thanking the Republicans.

If the public only knew that all those ads were paid for by the drug industry,

then Republican Members of Congress would not be getting calls thanking them for voting for it. They would be getting calls saying go back to Washington and pass a drug bill that actually helps seniors, that actually helps consumers, that does not help the drug industry continue to be the most profitable industry in America, continue to be in a situation where they pay the lowest tax rate of any industry in America. And I think people in this country have had enough and we are going to find a little more about that come November.

Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE. Mr. Speaker, I thank the gentleman for yielding me this time and for his leadership on this issue and so many issues important to the health of all Americans.

Mr. Speaker, I rise today in very strong opposition to this politically motivated anti-woman bill. How could we as representatives of the people lawfully permit health care providers to really ignore the Constitution and the Supreme Court?

Let us be clear. H.R. 4691 radically alters current law and could gag health care providers from giving women, who may face an unintended pregnancy, including rape and incest, all of her legal medical options.

This is really a domestic version of the global gag rule which really should be repealed. This bill would muzzle health care providers who participate in the title X program by eliminating providers' options which enable women to receive information upon request, just upon request, about all of their available medical options.

In the absence of a referral requirement, health care providers may be able to effectively gag health care practitioners from giving such referrals to women who request them. This bill is really outrageous. It is simply another in the long parade of bad bills the majority continues to schedule in order to promote their political ideology and their political message while avoiding and refusing to schedule the real work of the House.

Mr. Speaker, where is the Labor-HHS appropriations bill? Why are we not working on that today instead of considering legislation that amounts to nothing more than a dangerous assault on women's reproductive rights? We should be funding the important health programs in the Labor-HHS bill. I urge Members to vote "yes" on the motion to recommit and "no" on this very bad bill.

Mrs. CAPPS. Mr. Speaker, will the gentlewoman yield?

Ms. LEE. I yield to the gentlewoman from California.

Mrs. CAPPS. Mr. Speaker, I request from the gentleman from Florida (Chairman BILIRAKIS) a definition of the term "abortion." As we prepare to vote on this very important legislation, could the gentleman help us

frame what we are voting about? Are we voting about a surgical procedure? Are we voting about emergency contraception? Does an abortion constitute oral contraception or condoms?

Mr. BILIRAKIS. Mr. Speaker, will the gentlewoman yield?

Ms. LEE. I yield to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Speaker, I would advise the gentlewoman, this is not about abortion. This is about freedom. This is what has been said before, and said over again. That is why I read the statement I just read, basically giving people the moral rights to make their decisions. That is what it is all about.

I am not going to give the gentlewoman a definition for abortion or anything of that nature. It is not pertinent to this legislation.

Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. Mr. Speaker, my esteemed colleague on the other side said existing laws protects only religiously affiliated health care providers from forced involvement in abortion and that this bill expands that. That is absolutely false. H.R. 4691 does not expand the law at all on this point. Existing law protects secular as well as religious providers.

H.R. 4691 clarifies the definition of health care entity in this law so it clearly covers nurses as well as physicians, hospitals, as well as training programs in hospitals. This charge of expanding the law beyond religious to secular entities I think is a red herring.

About title X, compromising the ability of title X clients to obtain information critical to their health, I think that is false. Nothing in H.R. 4691 limits Federal or State agency's abilities to require the provision of accurate information about abortion or abortion providers.

Under H.R. 4691, government may not penalize a private health care entity for declining to provide or make arrangements for abortions. States should not be able to force people or hospitals to be involved in an abortion, especially when they try to base the right to coerce on the fact that medical institutions receive Federal funding.

Conscience protection is a civil right. The Federal Government has the right and the duty to protect conscience by making sure that any entity that receives Federal funding does not discriminate against any person or organization just because they do not want to be involved in an abortion. I might say that 46 States in our country presently have conscience protection laws.

I might quote from the American Medical Association. They say: "Neither physician, hospital, nor hospital personnel shall be required to perform any act violative of personally held moral principles."

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 30 seconds.

The other side of the aisle has repeatedly quoted the American Medical Association. Members need to understand they have taken no position on this bill. They are not in support of it. They have not taken a position either way.

However, the American College of Obstetricians and Gynecologists have asked for a "no" vote on this bill because they really understand this issue better than anyone. They know this bill is not a minor change in Federal law, but a broad-reaching change that denies information and access to women, even women whose health is in jeopardy or women who have been raped or are victims of incest.

Mr. Speaker, I yield 3 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Speaker, in the prior exchange, the failure of the gentleman from Florida (Mr. BILIRAKIS) to indicate what an abortion is was an important concession because in effect it says an abortion is anything that a provider says it is. It makes this legislation completely untenable.

What we are witnessing is the umpteenth attempt of the Republicans to invade Roe v. Wade. I have to give the majority credit, though; the majority is determined to deny a woman the right to control her own body by any means necessary. That is why they keep coming to the floor with these provisions.

□ 1315

Yes, this bill is about discrimination, discrimination against women and discrimination against the States. They wrap themselves in a conscience clause cloak. We could never have gotten this far if we did not have ironclad conscience clause protection in our law.

I have got two great Catholic universities in my district, Georgetown University, with which I am personally associated as a tenured law professor, and Catholic University. Georgetown University Provident Hospital does not have the slightest doubt that they and their health care services already are strenuously covered by the existing conscience clause.

This is not a conscience clause. This is a cop-out clause. What it does essentially is to open the floodgates. The first to take advantage of this clause are going to be the health care plans and the HMOs. These are the guys who are already saying to physicians, we're timing you on how much time you can spend with patients urgently in need of health care. Do you think they are going to continue to give informed consent by providing the kind of counseling that Federal law provides? They know a loophole when they see one.

We have already closed every Federal door to a woman's right to choose with a Hyde amendment and with a plethora of other provisions. Now we have gone to the next level. We are invading States rights and the rights of the States to provide health care by changing Federal law to invade State terri-

tory. Ever since Roe, we have said not with Federal dollars. Now we are telling the States what to do with their dollars and what to do with their laws.

Let the States' rights Republicans take a page out of their own prayer book. Stand down. Let the States run their own State health care systems.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume to read from the American Medical Association Code of Ethics, H-5.995, on abortion. It goes on to say, "Neither physician, hospital, nor hospital personnel shall be required to perform any act violative of personally held moral principles. In these circumstances, good medical practice requires only that the physician or other professional withdraw from the case, so long as the withdrawal is consistent with good medical practice."

That is the gist of this piece of legislation, intending to clarify what was intended back in 1996. I have not looked up who voted for that bill or who voted against it, but the fact of the matter is that is the bottom line of what we are trying to accomplish today.

Mr. Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. I thank my good friend for yielding time. I want to compliment him on his leadership as well as his courage in offering this bill today.

Mr. Speaker, a moment ago, the gentlewoman from the District of Columbia talked about this being the umpteenth time that we have dealt with the abortion issue. Frankly, I am very proud of the fact that proliferators have refused to roll over, those of us who have a moral and a conscientious objection to the killing of unborn children and the injuring of their mothers, do whatever we can, whenever we can to preserve at least some of the lives who otherwise would be destroyed by the violence of abortion.

Let us not forget what we are talking about. Abortion either dismembers unborn children or it chemically poisons unborn children and it does it in a horrific way. It is a painful, violent death imposed upon children and it also is injurious to mothers, especially in a psychological way and in long-lasting physical ways. What we are dealing with today, Mr. Speaker, is conscience protection for hospitals and those institutions that protect and preserve and nurture life so that they will not be coerced into performing abortions or referring for abortions.

I would remind my colleagues that OLYMPIA SNOWE, who is not a pro-lifer, said when this was up in 1996 that an institution or an individual who does not want to perform an abortion should not be compelled to do so in a way that is contrary to their beliefs. Unfortunately, while the intent of the legislation signed by the President in 1996 was clear, the language apparently was not, or at least in the eyes of some, and

some courts and some attorneys general have been trying to compel health organizations, hospitals, to be involved in abortions.

Some courts and pro-abortion groups are so extreme that they want to force hospitals to do abortions against their will. The whole board of directors, the hospital staff could say we will not participate in this anti-life child battering enterprise but they could be compelled by a State or by some court to do so absent the enactment of this legislation.

In my own home State of New Jersey, Elizabeth General Medical Center agreed to consolidate with St. Elizabeth's Hospital and no longer perform abortions. Subsequently a New Jersey Superior Court judge reviewing the consolidation issued an outrageous judgment that brought the pro-abortion organizations into the equation and approved a settlement to place \$2 million in a trust for the performance of abortions and abortion referrals. In other words, they got money from the pro-lifers to enable the killing of unborn children.

This debate is all about human rights, I say to my friends, about child violence. We can mask it, we can sanitize it and we do. We do it quite well. We are Members of Congress. We are politicians. But the fact of the matter is that killing unborn children is violence against children, and dismemberment and chemical poisoning in no way can be construed to be a benign act. It kills babies. Look at the ultrasounds and the great progress that has been made in refining ultrasounds. Today you can see a baby in great detail before birth. The abortionist looks at that same reality—that same baby and kills that baby. I think it is to their credit that 86 percent of all the hospitals in America are all about life-saving and nurturing and healing—they refuse to do abortions. They are not about killing babies. They are not about putting poisons into their amniotic sacs in order to procure a baby's death. They are not about dismembering the arms and the legs and the torso and the head—decapitation is commonplace in the abortion mills all over America, with 42 to 43 million dead babies and counting a horrific loss of life.

Now we see the abortion lobby, and NARAL makes it very clear, they have a plan when there are consolidations to make sure that these hospitals who are now pro-life, whether they are religiously affiliated or not, to provide abortions. NARAL says it very clearly on one of their websites and we know that this is part of an aggressive strategy, to expand abortions where they are absolutely not wanted. Babies are precious. Their mothers are precious. Let us promote lifesaving, nonviolent alternatives to abortion, not the enabling and the killing of babies.

Someday every Member who has been voting for abortion will rue the day. They will wake up in the middle of the

night and say, how could I? Just like looking back in antiquity we look back and say how could people like Washington and Jefferson and others have had slaves? There was a blind spot then. There is a blind spot today. Abortion is violence against children. Brown enables it and expands it. Vote for the Bilirakis bill and against the Brown motion to recommit.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 1 minute.

Of course we are not telling hospitals and doctors to provide abortions. We have already settled that issue. No doctor, no hospital should be forced to do that. We are just saying that a woman who has been raped or a woman who has been a victim of incest, whose life because of the pregnancy might be in danger, who comes to a hospital, comes to any hospital, should be given access to information, should be referred, should be told where she might be able to get counseling or might be able to get help. That is all that we are saying, that we know this legislation takes that right away.

Again, think about that. Imagine, a woman who has been raped, a woman who has been a victim of incest, who is pregnant, whose life may be in danger from that pregnancy gets turned away from a hospital under this legislation, gets turned away from a hospital, nobody will talk to her because this rigid, far-right agenda of the Republican Party says we are against abortion and we make no exceptions for rape, we make no exceptions for incest, we make no exceptions for the health of the mother.

Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MILLENDER-MCDONALD).

(Ms. MILLENDER-MCDONALD asked and was given permission to revise and extend her remarks.)

Ms. MILLENDER-MCDONALD. Mr. Speaker, I thank the gentleman from Ohio in his efforts to try to bring some sanity to this bill.

I would like to ask the gentleman from Florida (Mr. BILIRAKIS), it seems to me that it is a moral obligation to ensure that information regarding the reproductive rights of women be given to her. And is it not true that institutions cannot restrict providers from offering medically appropriate information and services? Can you answer that for me?

Mr. BILIRAKIS. The only answer I will give the gentlewoman is that this is not intended to be an expansion on what is already law. We are trying to clarify as a result of court action that has taken place regarding the legislation that now exists.

Ms. MILLENDER-MCDONALD. So this bill then has an opt-out of performing any abortion services, including counseling or referral? Does this bill do that? It opts out performing any abortion services, counseling or referral?

Mr. BILIRAKIS. It is not intended to do that, nor does the bill say that.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. THORNBERRY). All Members will suspend.

The Chair would remind all Members to direct their remarks to the Chair and if they seek to yield time, to formally yield time to other Members and then that time can be yielded back.

Ms. MILLENDER-MCDONALD. I thank the Speaker very much for that.

I again just cannot believe that we are here today to speak about yet another assault on women's fundamental rights to be informed regarding all of her reproductive rights. Just over 2 months ago, we were here again advocating against the passage of legislation banning another aspect of a woman's reproductive choice. Today we stand again to defend a woman's basic rights to be informed of her options with regards to her reproductive health when she is most vulnerable. As we have mentioned and stated, it is not our mission to dictate the most personal choice any woman can ever make regarding her health. We are here to pass fair, effective legislation that will guarantee all women the opportunity to make the best possible decisions about her health. Besides, infringing on a woman's right to decide what is best for her health as in the case of H.R. 4691 will undermine States' rights to enforce their own constitutional protections. This sets a dangerous precedent, Mr. Speaker, if we begin to violate the principles of Federal law by essentially overruling State constitutions. We should not attempt to block Federal title X guidelines that allow women full access to information with regard to their reproductive health choices.

If this piece of legislation passes, H.R. 4691, we would prevent the Federal Government from enforcing its own requirement with reference to title X-funded clinics that refer patients to abortion providers upon request. Further, passage of H.R. 4691 would prevent States from following the Hyde amendment which mandates that Medicaid patients be informed about legal abortion services in the event of rape, incest or a pregnancy that threatens a woman's life.

I say, let us defeat this bill that does not give women their reproductive choices.

Mr. BILIRAKIS. Mr. Speaker, I yield 5 minutes to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, I thank the gentleman for yielding me this time. I want to rise in strong support of this bill and reiterate some of the points that I made in my comments in the debate on the rule. This bill has been characterized by its opponents as an assault on their side of the issue, the pro-abortion or pro-choice side. I would argue very, very strongly that that is very much not the case. The law as I interpret it is very, very clear. It seeks to clarify the conscience clause that was enacted by this body

and signed into law by the President of the United States, William Jefferson Clinton, in 1996. This dispute arose over a disagreement surrounding a requirement that physicians in training, residents, be forced to learn how to do abortions to get their accreditation and get their license to practice obstetrics and gynecology when in fact they were personally opposed to doing abortions. For most Members of the House, that was a no-brainer. If you are pro-life, why should we the government have laws and regulations that would force a physician in training to have to learn to do a procedure that they find morally and ethically repugnant?

Under the provisions of the law, and I have a copy of the law right here, we encompassed it to include health care entities. I interpreted that at the time, I was here, I voted for it, that it would also include some obvious health care entities like hospitals and HMOs.

□ 1330

But under the aggressive attempt on the part of the pro-choice community to expand the availability of abortion procedures in America, they have used the courts, which has always been their traditional tool to advance their agenda, to expand or redefine the law such that a hospital or an HMO is not a health care entity.

What we seek to do in this statute is to just clarify that act. To define us as engaging in this great assault on *Row v. Wade*, when really what we are trying to do is protect freedom of conscience or freedom of choice, to me, is just not an accurate interpretation of it.

As far as some of these claims and assertions that we will prevent people from being counseled, if you look at the language, it is very, very clear. If any health care entity voluntarily elects not only to train people to do abortions, but as well to perform them, or refer for an abortion, that is not infringed by this act.

I want to clarify another very, very important thing, I know this is a very sensitive issue for a lot of Members in the body, and this is this debate about contraception.

There have been people who have come to this floor today and tried to assert that the language in this bill would bar the provision of contraception services in many institutions that are already providing it. Please show me in the statute where you find that interpretation. I think it could be described as a tremendous misinterpretation or a tremendous stretch of the imagination.

The provision of contraceptive services has never been defined as abortion in Federal statute, nor has emergency contraception, what has commonly been interpreted as the morning-after pill. Now, some religious groups may interpret that as abortion, but we make no reference in this statute to religious groups or their definitions; and under the current FDA policy that is

considered contraception, and it is not affected at all by this statute.

This law, in my opinion, represents a very clear attempt to prevent what I consider to be the extreme agenda of the pro-abortion community to try to advance what they want to do.

We have had many people come down to the floor quoting from a NARAL Web site about their agenda, which is to force many institutions, and 85 percent of hospitals in America today do not provide abortion services, to force them to do that, using current Federal laws and statutes.

Mr. Speaker, this piece of legislation, I think, is very clear. It is not ambiguous. Its intent is to protect the freedom of these institutions to not engage in this procedure.

I ask Members to support this bill.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3½ minutes to the gentleman from New York (Mr. NADLER).

Mr. NADLER. Mr. Speaker, I rise in opposition to this bill. I think a dose of reality may be helpful in this debate.

The extremist pro-abortion, pro-choice forces want women to have their constitutional rights. The people who have gotten 85 percent of the hospitals in this country not to be willing to provide an abortion to a woman who requests it want to deny, to make it impossible, for women to exercise what the Supreme Court says is their constitutional right. That is the crux of the debate.

Let us have a dose of reality.

Fact one: this bill has never been considered by any committee of this House, not in hearings, not in markup, not ever. A cynical person might view it as a crass attempt to pander to an extremist constituency on the eve of an election, especially since we know it is dead on arrival in the Senate. But you do not have to be cynical to know that this bill needs to be looked at more carefully, at the very least. Every Member should make up for the negligence of the committees of jurisdiction in not considering this bill by reading the fine print and not listening only to the rhetoric.

Fact two: this bill, despite its lofty title, is not about discrimination. It would cancel out every State law protecting a woman's right to choice and the right of every American to demand health care coverage that meets her medical needs. This Congress has failed to act on prescription drug coverage. This Congress has killed any hope of universal health care coverage. Now the Republican leadership of the House wants to help the for-profit health care industry rob our constituents of medical services to which they have a constitutional right.

Fact three: this bill is not about religious liberty or conscience. Read the bill. Copies of it are sitting on the table just outside the Chamber. The bill covers any hospital, any HMO, any insurer, any facility, any organization, any plan, even if they are for-profit, even if they do not have religious or

moral objections to an abortion. I am not aware that HMOs or insurance companies have religious consciences, even if they just want to save a little money at the expense of our constituents.

Fact four: nearly every State protects the right of any individual who objects on moral or religious grounds to performing abortions. So that issue is a red herring. It does not need further discussion. The States protect that right already.

Fact five: There is a domestic terrorist movement that uses violence, murder, bombings and harassment to undermine the ability of women to go to the doctor and receive constitutionally protected health care services. Many medical facilities have knuckled under to this wave of domestic terrorism and simply stopped providing those services. This bill rewards those terrorists.

Fact six: This bill is not limited to the actual performance of abortions. It would also apply to laws that require health care providers to supply women with basic information so that they can make informed decisions about their health care options, exercising their consciences. The consciences that are being violated by this bill are the consciences of women who may want to choose to avail themselves of their constitutional right to choose to have an abortion. This bill would also apply to some forms of birth control.

Let us be clear, this bill is not about religious freedom or protecting the right of conscience. That is already protected by law. This bill is simply an attempt to make it harder for women to obtain an abortion, to vital health care services. If this Congress is unable to expand access to health care, the least Members can do is vote not to restrict it further.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. SOUDER).

(Mr. SOUDER asked and was given permission to revise and extend his remarks.)

Mr. SOUDER. Mr. Speaker, at least the pro-abortion forces are being very clear about what their position is. They now want to force people who disagree with their position to perform abortions, to counsel for abortions, to pay for abortion through insurance laws.

We have things in the United States called voluntary associations, and if voluntary associations want to form an insurance company that may or may not cover different things, apparently they can cover about anything, unless it is a moral view. In fact, my friend, the gentleman from New York, should know that the Catholic hospitals of the City of New York have in fact formed an HMO. There are many religious institutions in this country and many religious people who have bonded together to form health insurance of all different types.

We should have a right, those of us, regardless of what the Court says,

those of us who have a moral view that abortion is murder, should not be forced to counsel, pay for or fund that murder.

It is one thing to say we are going to deprive someone else of their human right to what I believe is to take another human life, and I believe the right to life is preeminent and I believe the Court decision was wrong, but even if you agree with that Court decision, why would you force me, who believes that the taking of these innocent little babies is an abominable sin, why would you force me to say I cannot have insurance coverage that does not pay for that?

I cannot fund a hospital or participate in caring for the poor and caring for people who need health care unless I will also fund what I find to be as abominable as the killing of innocent little babies? Why deprive me of my rights? Why deprive me of my rights of association? Why deprive those people who are not necessarily a majority, we are evenly divided in this country, but why deprive the people who believe it is morally wrong of their right to not fund it, to not counsel it?

There are alternatives. If there are all these people who favor abortion, if there are all these people who support abortion and all these abortions, there are plenty of options for them. Why make me and the people who find this abominable have to pay for this?

The reason this law is needed is in fact the courts in several States have challenged the HMO laws, the hospital laws; and we need this legislation.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I repeat, I have seen one Republican man after another Republican man come down to the House floor and insist that we are forcing physicians and hospitals to perform abortions that in good conscience they do not want to perform.

That is not part of the issue. That issue is solved. No one will have to perform abortions. We do not think people should have to perform abortions, doctors or hospitals, if they do not choose to. That issue is settled.

For them to continue to put up that straw man, for them to continue to use that red herring, is intellectually dishonest, and their far right, no exceptions for rape and incest, far right agenda, they know that; and they should just be a little more honest with the American public.

Now, what is wrong with this whole debate today? First of all, what is first wrong with the debate is we are talking again about a health issue that we really should not be talking about, and we are not acting on prescription drug legislation. We are doing nothing in this Congress to try to lower the cost of prescription drugs.

The second thing that is wrong with this debate is this bill is on the House floor today having bypassed the committee structure. With all the disagree-

ments on what people think about this bill and all the interpretations, it should have been in committee. My friends on the other side of the aisle know that we should have discussed it in committees, we should have had a markup, we should have been able to figure out all these questions.

Third, my friends on the other side of the aisle always talk about States' rights, we should respect what the States do. This legislation overrides States' rights. They are for States' rights, unless they do not like what the States do, then we are going to override States' rights.

Four, as the gentleman from New York (Mr. NADLER) said, as an example, a for-profit health maintenance organization having nothing to do with religion, a for-profit health maintenance organization can simply refuse counseling services to a woman who has been a victim of rape or incest, for example, can refuse it just to save money.

Now, insurance companies, will they do that? These are the same insurance companies that cover Viagra in many, many cases, in most insurance companies; but they do not cover contraceptives for women, which is one of the biggest expenses that women of child-bearing age face.

So, sure, some HMOs are going to do that. To save money, they are going to refuse counseling to a woman that might be a victim of rape or incest whose health might be in jeopardy.

Again, Mr. Speaker, there is no allowance in this legislation for rape, there is no allowance for incest, there is no allowance for protecting the life and the health of the woman. I know that fits the far right Republican agenda. They want no abortions in this country, they want no exceptions for rape, no exceptions for incest, no exceptions for the life and health of the woman. That is why this legislation is on the floor today, in order to fulfill that agenda and play to that far right base of the Republican Party.

But, frankly, where I come from, Mr. Speaker, there are differences of opinion on abortion. Some say we should allow them; some say we should not. But almost everybody I know thinks that when a woman has been a victim of rape or incest, and particularly if her life is in danger, almost everybody I know thinks that woman should be entitled to make that choice if she chooses.

That is why this legislation is a bad idea, Mr. Speaker. That is why this Congress should oppose this legislation.

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

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

Mr. Speaker, the ranking member knows that we have had a hearing on this issue in committee; and as far as the consistency regarding States' rights, I dare say that both parties over the years have been far from consistent on that particular issue.

Mr. Speaker, I yield 1 minute to the gentlewoman from Maryland (Mrs. MORELLA).

(Mrs. MORELLA asked and was given permission to revise and extend her remarks.)

Mrs. MORELLA. I thank the gentleman for yielding, particularly because I am rising in opposition to this legislation.

Mr. Speaker, claims that this bill is a clarification of existing law is just incorrect. The act would be a sweeping new Federal exemption from current laws and regulations that assure women access to health services.

I think it is very important to acknowledge that no Federal law requires any health care entity to provide abortion services. Furthermore, there is no requirement that any individual participate in the provision of reproductive health services.

Currently, title X, Family Planning Programs require that clinic staff give their clients the information and referrals for all their legal options upon their request, adoption, carrying to term, abortion; and this legislation would override that existing Federal law, and it would deny pregnant women all the information that they should have about their options.

Also the opt-out for Medicaid coverage, currently the Hyde amendment to the Medicaid program stipulation that Medicaid clients must have access to those services in case of rape, incest or where the pregnancy endangers a woman's life.

Just remember, this is not a mirror of current law; this is absolutely aborting the State and Federal laws.

□ 1345

Mr. BILIRAKIS. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, I just want to introduce for point of clarification, there have been statements made about how this is not an issue that should apply to health care plans or insurance companies, and I just want to state the case of Fidelis Health Care of New York. This is a Catholic archdiocese of New York cooperative managed health care plan. Immediately after it was started, Family Planning Advocates of New York, FPA they are called; they are an affiliate of Planned Parenthood International, pursued aggressive action against this HMO. They have called upon the State Health Department to "increase its monitoring of Fidelis informational and referral processes concerning reproductive health care," and they are supporting legislation in the New York legislature to force them to provide abortion counseling.

So what we are talking about is we have a Catholic doctor in a Catholic hospital with a Catholic nurse, all of them are pro-life, and these people are wanting to go in there and use the force of government to say you have to do this.

Mr. BILIRAKIS. Mr. Speaker, I yield myself the remaining time.

Just to finish up, I have already quoted from the ethics portion of the American Medical Association. The American Hospital Association has stated that "A health care institution should, based on its assessment of its mission, be able to choose whether or not to perform abortions."

The Association of American Physicians and Surgeons says, "The Federal Government should not discriminate against medical professionals or medical institutions that follow the dictates of conscience or medical judgment."

The American Nurses Association: "Where nurses are placed in situations of compromise that exceed acceptable moral limits or involve violations of the moral standards of the profession, whether in direct patient care or any other form of nursing practice, they may express their conscientious objection to participation."

All this legislation is trying to do is be consistent with all of that, and we are giving the choice and the freedom to those who have a problem with performing these types of procedures.

Mr. PICKERING. Mr. Speaker, I come from a rural community that prides itself in its values and the ability to express those values. Our local health care providers work tirelessly to improve the quality of life and care for the small towns and communities they serve.

It is important to note that many of our rural states and rural health providers have no choice than to rely on public aid for supplying care. We must not limit their ability to serve their communities. We should give them the decision making power that will enable them to better serve their areas while protecting them from discrimination in the law.

Because I believe that it is our local communities that better understand the needs of the people, I strongly support the passage of H.R. 4691, the "Abortion Non-Discrimination Act of 2002."

This bill will provide the necessary protection to health care professionals as they strive to provide quality care to the people they serve.

Mr. SHUSTER. Mr. Speaker, I rise today in support of H.R. 4691, the Abortion Non-Discrimination Act. This legislation simply clarifies current law. In 1996, Congress passed and then President Clinton signed into law the existing nondiscrimination statute which protects "health care entities" from being forced by the government to perform abortions. The purpose of the legislation before us today is to clarify that "health care entities" includes all health care organizations, including hospitals.

This bill, despite all the rhetoric we hear from the other side, will not prevent women from obtaining abortions. What this bill does do is say to our hospitals and healthcare personnel that the government will not force them to perform a procedure that is in conflict with their personal moral beliefs. I think it is important to note that most hospitals in this Nation will not even get involved in abortion. That is largely due to the fact the basic function of a hospital is to preserve life not to take it.

I, like many across this Nation, believe that abortion is wrong. Life is a sacred gift from our

Creator which should be protected. This, however, is not an abortion debate. This is a debate about allowing individuals to exercise their moral conscience. I cannot believe that there is a single person in this body who would say that we should force someone to perform a procedure that goes against every fiber of their moral and ethical being. It is in this vein, Mr. Chairman, that I urge passage of H.R. 4691.

Mr. FARR of California. Mr. Speaker, I would like to take this opportunity to voice my opposition to H.R. 4691, The Abortion Non-Discrimination Act, which would radically broaden the ability of any health-care entity to refuse to comply with federal, state, or local law that pertains to abortion. These health-care entities include hospitals, insurance companies, HMO's, and any other similar company; all of which would suddenly have the power to decide at will to override the existing federal provisions in Title X and Medicaid that ensure that all women have access to health information and services.

These entities would have free reign to refuse to provide or pay for abortion services, counseling regarding abortion, and referrals to other providers. In addition, hospitals would have the right to turn away women who are in need of emergency abortions as a life-saving procedure.

The State of California has worked hard to establish laws that protect the right of women to make fully informed medical choices, but H.R. 4691 would threaten these valuable laws that protect a woman's right to choose. These changes would create confusion and chaos regarding what services are available, therefore threatening the women's ability to seek and obtain health care.

The provisions encompassed in H.R. 4691 dramatically endanger women's right to quality, non-judgmental health care, and stand in direct contrast to California's efforts to protect access to information and reproductive services. I urge my fellow members to vote against this dangerous legislation.

Mr. BENTSEN. Mr. Speaker, I rise today in strong opposition to H.R. 4691, the Abortion Non-Discrimination Act. This deceptively-titled bill is not aimed at ending discrimination but rather at denying critical reproductive services to women across the nation.

This provision would allow health care entities to exempt themselves from existing state and federal laws that ensure access to a number of reproductive services vital to women's health. Supporters claim that the bill is intended to protect the religious and moral beliefs of doctors and health care providers. However, given the broadness of the bill, I must conclude that the underlying intent is to deprive patients of abortion services, coverage, and information regarding their reproductive rights.

Mr. Speaker, with this legislation, Congress risks trampling on state's rights to formulate their own Medicaid policies or use their own funding to ensure a woman's ability to make an informed decision regarding her own health. Under current law, health care providers are only required to supply abortion services to Medicaid patients in cases of rape, incest, or jeopardy of the mother's health. H.R. 4691 would undermine this narrow provision by allowing health care providers to determine what they will and will not do with federal government dollars.

Furthermore, under H.R. 4691, individual states could no longer require that a woman be referred or even advised of her options with regard to abortion and reproductive choices. If this law is passed, Title X funded entities can refuse to simply talk about abortion with patients because requiring them to do so is considered "discrimination." The fact of the matter is that this law discriminates against women everywhere by denying them adequate information and the opportunity to make their own choices.

Supporters of this legislation say they want to preserve freedom of conscience, but they seek to strip from female patients their freedom of choice articulated in *Roe v. Wade* and the freedom of states to enact policies that ensure all women receive comprehensive information on their options.

Mr. Speaker, I urge my colleagues to vote against depriving women of crucial reproductive information; against limiting state's rights to build their own Medicaid framework; against this unacceptable legislation.

Mr. STARK. Mr. Speaker, I rise today in opposition to the misnamed Abortion Non-Discrimination Act. It should really be entitled the First Step Toward Outlawing Abortion Act. At a time when my own state of California is leading the nation in enacting the most progressive laws protecting a woman's right to choose, Republicans in Congress continue to lead their ill-conceived, extremist crusade to stamp out this fundamental freedom.

The Republicans claim that their bill is simply a clarification of existing law. They are wrong. Passage of this legislation would undermine the sensible requirement that pregnant women be given a full explanation of their medical options regarding their pregnancy. Supporters of H.R. 4961 are not trying to clarify the law today, they are trying to inch us closer and closer—through every legislative vehicle they can find—toward a time when abortions are outlawed.

If this bill becomes law, pregnant women that go to a doctor, hospital, clinic, or other health care provider opposed to abortion may well leave without a full understanding of their medical options. Not only is it wrong to deny patients a full disclosure of their medical options, it is unethical and fundamentally un-American.

If this bill becomes law, the federal government will directly interfere with every state's right to structure their Medicaid programs in the way they deem most appropriate. Current law already prohibits Medicaid programs from performing abortions except in strictly limited circumstances. This bill would go even further by overriding the ability of states to ensure that women treated by Medicaid providers are at least told of their full medical options, even if they can't get financial assistance to access those services.

If this bill becomes law, family planning clinics across the country that are funded through the Title X program would no longer be required to give a pregnant woman information about all her medical options. In fact, they could withhold such information even in cases of rape or incest where the option of an abortion may be most appropriate for the woman involved.

Existing law contains a conscience clause protection that assures that providers opposed to abortion do not have to provide them. Therefore, there is no need for this legislation.

This bill goes so far as to grant providers who are opposed to abortion the leeway to deny informing their patients of what may be a needed medical option. It's not sensible medicine, nor is it appropriate public health policy. There is absolutely no valid reason that this bill should be enacted.

I urge my colleagues to join with me in opposition to H.R. 4691 and to stand firm in our commitment that women must be provided all of the medical options so that they can make informed, personal decisions about their pregnancies.

Mr. BLUMENAUER. Mr. Speaker, I strongly oppose H.R. 4691 and urge my colleagues who care about women's health, states' rights and the legislative process to vote against this measure. Not only is the underlying bill objectionable, but the House Republican Leadership has forced this bill to the floor without any committee consideration or the possibility for amendments.

This bill puts the health and well-being of American families at risk by permitting any hospitals, health-insurance corporation or HMO to exempt itself from any federal, state, or local law that guarantees women access to abortion services. The language of this bill not only applies to the provision of legal abortion services, but also to the important responsibilities of counseling, payment and referral to other providers. Abortion is a legal medical procedure and women, regardless of whether their hospital or HMO provides actual abortion services, have a right to information about their medical options.

My anti-choice colleagues will make many false claims today on the floor, but the reality is that the federal government is not forcing hospitals or doctors to perform abortions against their will, the American public does not support this type of legislation and this bill is not a mere "clarification" of current law.

The bottom line is that health-care organizations should not be allowed to gag medical providers; women should not be denied necessary and appropriate medical information or services; and Congress should not supersede a state's right to create and enforce its own laws.

I will support the motion to recommit so that we can send this bill back to committee and better address its major flaws.

Mr. TIAHRT. Mr. Speaker, I rise today in strong support for H.R. 4691, the Abortion Non-Discrimination Act. This is a bill that should be strongly supported by pro-lifers and pro-choicers alike. For it simply clarifies current law to ensure that no health care provider is forced to perform abortions against its will. This body overwhelmingly supported this view in 1996 and President Clinton even signed it into law because we all agreed that those opposed to abortion on religious or moral grounds should not be forced by the government to compromise their beliefs.

This debate is not just about abortion, however, it is about health care and access to health care. If states or the federal government are allowed to discriminate against Catholic hospitals or community health centers that do not wish to provide abortion services, it will have drastic effects. Catholic hospitals and community health centers are the backbone of our health care system and serve those most in need. They already struggle financially for they treat every patient regardless of ability to pay. To withhold much need-

ed funds just because they refuse to perform a service that they are fundamentally opposed to is abominable and will only hurt low-income Americans.

One of the fundamental principles of our nation is that the government cannot impose religious or philosophical beliefs upon its citizens. We have a rich society of different cultures and beliefs. It is un-American and unconscionable to force health care providers to perform abortions that they believe are morally wrong. Join me in voting in favor of this important legislation to ensure that no American is forced to perform abortions against their will.

Mr. TERRY. Mr. Speaker, I rise today in strong support of H.R. 4691, the Abortion Non-Discrimination Act.

In 1996, Congress enacted a law prohibiting discrimination against health care professionals, organizations, and facilities that decline to provide abortions on moral and religious grounds. This was done to prevent health care providers from being forced to act against their conscience by performing, training in, or giving referrals for abortion.

Unfortunately, several courts have misinterpreted this law by applying its protections only to individual physicians and training programs. Many hospitals and other health care facilities have been left without sufficient legal protection. For example, in 1997 the Alaska Supreme Court ordered a private hospital to provide abortion even though it went against the ethical standards set by its operating board.

H.R. 4691 would uphold the intent of Congress by clarifying the right of *all* health care providers to follow their conscience. It would also strengthen current law by ensuring providers cannot be forced to pay for abortion services. Forty-six states, including my home state of Nebraska, have similar conscience protection laws. I urge my colleagues to join me in supporting H.R. 4691 to ensure health care providers do not have to perform or pay for abortions they believe are morally wrong.

Mr. SHAYS. Mr. Speaker, I strongly oppose H.R. 4691, the inappropriately named Abortion Non-Discrimination Act, which would radically alter current law by allowing health care entities to exempt themselves from any federal, state or local law that assures women have access to abortion services, including basic information. This sort of preemption contradicts local policies espoused by this Congress.

This legislation flies in the face of a woman's right to choose as well as her basic right to be informed about her reproductive options. Moreover, H.R. 4691 has the potential to pose a severe threat to efforts to prevent unwanted pregnancies, thus leading to more, not less, abortions. The sweeping nature of this supposedly narrow legislation is staggering.

Family planning programs have been instrumental in helping millions of American women obtain reproductive health care for three decades. H.R. 4691 could essentially "gag" clinic staff from giving pregnant women information and referrals for all their legal options, including adoption, carrying the pregnancy to term and abortion.

There is currently no federal requirement that a health care entity provide abortion services against its will. Furthermore, there is no federal statutory requirement that any individual participate in the provision of reproductive health services if he or she objects. This legislation is therefore not only without merit but completely unnecessary.

I urge my colleagues to vote against H.R. 4691.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in strong opposition to H.R. 4691. This legislation, the Abortion Non-Discrimination Act of 2002, would essentially allow any health care entity, including hospitals, health insurance companies, HMOs, etc. to exempt themselves from current federal, state and local laws, that assure women have access to abortion services.

If passed, H.R. 4691 would provide a sweeping new exemption from current laws and regulations that gives the women of this country information about, and access to, reproductive health services.

This bill is specifically designed to override state constitutions, laws and local regulations that anti-choice activists have tried to overturn for years. This legislation will override the progress of states' that have worked to assure that women not only have access to reproductive services, but also the right to basic information.

By and large, the federal government does not pay for abortion services. The Hyde amendment to the Medicaid program stipulates that Medicaid clients must have access to abortion services in cases of rape, incest, or when the pregnancy endangers a woman's life. However, states may use their own Medicaid funds to cover abortion services beyond those narrow circumstances if they wish, and in fact, 21 states do so. This bill would preclude these states from enforcing their own laws and constitutional decisions in the area of abortion services for low-income women.

This bill is not limited to abortion services themselves. Under the bill, states would be prohibited from requiring that health-care entities participating in their Medicaid programs provide referrals for abortion services. It would therefore prohibit state from ensuring that patients have all the information they need to make an informed choice about their health care.

In deciding whether to approve a hospital merger, for example, a state could not even consider whether the newly merged hospital system would diminish the community's access to full reproductive health services. This would tie the hands of states trying to ensure that entire communities are not completely without any qualified abortion providers. In fact, supporters of the bill have states that this is exactly their intent.

Current law essentially requires that patients are entitled to full information about their medical options. The anti-choice movement has long sought to deny pregnant women information about their full range of options. H.R. 4691 bill accomplishes this goal by newly categorizing the Title X referral requirement as "discrimination."

Title X has a long-standing referral requirement that while Title X funds cannot be used to pay for abortion services, it must provide women information about the full range of medical care and reproductive options, including abortion. H.R. 4691 would override this, which will have the effect of instituting a gag on health care providers across the country.

Current law already allows individual health care providers to refrain from providing any reproductive services if they object, and that there is no federal statutory requirement that a health-care entity provide abortion services. While proponents tout this as a religious-

based "conscience clause" there is no actual requirement in the bill that a health-care entity demonstrate a religious objection. So in actuality, under this bill any health plan, hospital or HMO could opt out of current standards that provide women information about, and access to, abortion services for any conceivable reason.

Mr. Speaker, I urge my Colleagues to oppose this legislation. This bill would disrupt the balance between federal, state and local authority and severely jeopardize reproductive health care and women's health.

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

The SPEAKER pro tempore (Mr. DAN MILLER of Florida). All time for debate has expired.

Pursuant to House Resolution 546, the bill is considered read for amendment, and the previous question is ordered.

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

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

MOTION TO RECOMMIT OFFERED BY MR. BROWN OF OHIO

Mr. BROWN of Ohio. Mr. Speaker, I offer a motion to recommit.

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

Mr. BROWN of Ohio. I am, Mr. Speaker, in its current form.

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

The Clerk read as follows:

Mr. BROWN of Ohio moves to recommit the bill, H.R. 4691, to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendments:

Page 2, line 5, strike "Section" and insert "(a) IN GENERAL.—Section".

Page 2, after line 24, add the following subsection:

(b) EFFECTS ON PATIENTS AND EMPLOYEES; STATE LAW.—The amendments made by subsection (a) shall not be construed as—

(1) authorizing any institution to withhold medically appropriate information or services from a patient;

(2) authorizing any institution to prohibit its employees, contractors, or grantees from discussing or providing all medically appropriate information or services; or

(3) preempting or abrogating a State's right to enforce its constitution, laws, policies, or regulations.

Mr. BROWN of Ohio (during the reading). Mr. Speaker, I ask unanimous consent that the motion to recommit be considered as read and printed in the RECORD.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes in support of his motion.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

This is a motion to recommit in the purest sense of the word and in the most deserving sense of the term, and

that is, Mr. Speaker, that this bill was never discussed in the Committee on Commerce to begin with. Normally, on motions to recommit after a bill goes through the process, it comes out of committee, goes to the floor, and people want to make a change or oppose it and they say, let us send it back to committee, let us recommit it so we can make some changes. But since this legislation was never there, it is even more deserving of a recommitment, an affirmative vote on a recommitment motion.

The legislation we are considering today goes far beyond a so-called clarification of existing law, which permits hospitals and doctors to deny women abortion services based on that provider's religious belief. We believe that, too. Current law allows doctors and hospitals to refuse to provide services they are religiously opposed to, as they should, as the law should. But this bill, Mr. Speaker, goes much further than that. It is not about the religious beliefs of providers, it is about denying health care information and services to women, including counseling services. This bill gags doctors, it gags hospitals from referring women to family planning clinics, even those women who have been raped, even those women who are the victims of incest, and even those women whose lives and health are in danger.

Under H.R. 4691, the legislation we are discussing, insurance companies could deny coverage of family planning services, even when medically necessary, regardless of their religious beliefs. It has nothing to do with religion; it has a lot to do with an HMO's bottom line. Relevant State laws would be trumped, even though these laws are designed to protect women. In other words, Mr. Speaker, the State of California, the State of Ohio, the State of Nebraska, the State of Florida might have passed legislation to protect women; this legislation overrides what those State laws wanted to do to provide these counseling services, or to provide these referral services at the hospital or by a physician.

This bill gags doctors, it gags hospitals, regardless of religious belief. It denies women access to medically necessary services regardless of their religious beliefs. Bottom line: it compromises women's health. That is why this bill should not have been on the floor and that is why we should support the motion to recommit.

I am offering the motion to recommit to safeguard against these efforts. The motion provides that H.R. 4691 not authorize any institution to prevent its providers from providing medically appropriate information or services. It does not authorize any institution to withhold medically appropriate information or services from its patients; it does not preempt State laws from enforcing that State's Constitution or that State's laws. This motion makes no change to current law that allows doctors, nurses, and hospitals to refuse

to provide abortion services if those services conflict with the doctor's or the hospital's religious beliefs. It does not affect current prohibition against providing abortion services with Federal funds, it simply limits the harm that H.R. 4691 will do.

Imagine, Mr. Speaker, as we discussed before, a woman has been raped or a woman has been a victim of incest. Her life might be in danger, she comes into a hospital. Under this legislation, that hospital simply may not provide her any information, no counseling, no referral; there is a gag on that hospital's ability to do that. Where I come from, reasonable people have differences, honest differences between when abortion should be legal. Should it be legal, should it not be legal, and in what cases should it be legal. But it is only the extreme far right, the leadership of the Republican Party that wants to pass legislation like this where there are no exceptions for rape, for incest, for the life of the woman. The great, great majority of people in this country think a woman who has been raped, who has been a victim of incest, whose life might be in danger comes into a hospital, she should be given information; she should be given counseling if she so chooses; she should be given a referral if she so chooses. This bill, this very rigid bill, inflexible bill, does not allow that. The motion to recommit is important to protect women like that. This motion to recommit is important to preserve the medical standard that guarantees women access to necessary health care.

Mr. Speaker, I ask for a "yes" vote on the motion to recommit.

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

Mr. BILIRAKIS. Mr. Speaker, I rise to claim the time in opposition to the motion, and I yield myself such time as I may consume.

Mr. Speaker, Members should reject the motion to recommit, because it does nothing but gut the intent of the underlying bill. The bill before us, as I said earlier, is simple. No one under any circumstances should be forced to perform an abortion against their will. It would be unconscionable for us to force them to do so, but some courts are doing just that, and that is why this clarification must be made.

Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, the Brown motion states that this bill shall not be construed as authorizing any institution to withhold medically appropriate services from a patient. What are those "services?" They are abortion services, Mr. Speaker.

The problem with the Brown motion is it does not define medically appropriate, it leaves it up to further definition. Perhaps some Attorney General or health commissioner in a government that happens to be pro-abortion

would say that is what medically appropriate means, or NARAL might say that is what appropriate means, and we are talking about abortion. That is what is on the table here, and I hope all Members understand that.

This killer motion, will enable the killing of babies. It absolutely reverses the intent of conscience protection and undermines the very law that was passed a few years ago, and takes us further back than we are already right now. I urge Members to vote "no" on this gutting motion.

I want to remind Members that 86 percent of the hospitals in America do not perform abortions. Thank God for that. They protect and preserve and cherish the lives of babies and their mothers—all their patients. They would be compelled under the Brown motion, forced, coerced, or empower others the ability to force them to perform abortions.

This debate is all about conscience. The Bilirakis bill is a great bill, it is an important bill, it is a human rights bill that says conscience means something. We ought to take this step. Vote for it. Vote down this gutting motion.

Mr. BILIRAKIS. Mr. Speaker, I yield the balance of the time to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, I thank the gentleman for yielding me this time.

Let me just start out by saying, one of the things my father taught me when I was a kid growing up is when people call you names, often the case is they have a problem themselves with the name they are calling you, and we have been called extreme and radical for doing this. I really take offense at that. I believe very strongly all we are trying to do in this bill is to just clarify the intent of the Congress 6 years ago when it originally passed this conscience clause language, and it is the left, it is the pro-abortion left that is trying to do an end run through the courts around this.

Now, this motion to recommit is a classic gutting motion to recommit. It invalidates the entire intent of the bill. It has language that says the statute shall not be construed as authorizing any institution to withhold medically appropriate information or services from a patient. So in other words, we are back to square one. The original intent of the law was it covered hospitals because it referred to them as health care entities, and now we have the courts arguing that hospitals are somehow not health care entities, and they should have to provide these services or referrals.

What they are arguing for here is we have a Catholic hospital, pro-life, they hire a doctor, and the doctor gets in there and he decides he wants to start referring his patients for an abortion. If it is the position of the hospital that that violates their position, they do not want that policy in place, they can enforce it under the conscience clause that we are trying to enact under this

law. They have a gutting amendment here that essentially would make it impossible for those institutions, many of which are run by the church, many of which are not run by the church; I want to just underscore this. There are a lot of hospitals that are secular and they do not want to do abortions, and yet what this amendment would effectively do is make it possible for anybody to do abortion counseling, abortion referral, even abortion procedures in hospitals that do not want to do it.

Furthermore, it goes on to say that this law will not abrogate any States rights. So essentially, if the State wants to act very aggressively, statutes that would allow abortion procedures in all hospitals in the State, that this would not be prohibited. This clearly violates the intent of many people in this body, people on both sides of this issue. We had a lot of people who are pro-life and a lot of people who are pro-choice who supported this provision.

The SPEAKER pro tempore. All time has expired.

Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

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

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

Mr. BROWN of Ohio. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will advise all Members that the telephone system is not working and the cloakrooms are unable to page Members. The bell systems and the whip systems will notify Members of the vote. The Chair will monitor the progress of the vote. Members are reminded that the paging system is currently not operating.

Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—yeas 191, nays 230, not voting 11, as follows:

[Roll No. 411]

YEAS—191

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barrett
Bass
Becerra
Bentsen
Berkley

Berman
Biggert
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)

Capps
Capuano
Cardin
Carson (IN)
Carson (OK)
Castle
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Coyne

Cramer
Crowley
Cummings
Davis (CA)
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley
Edwards
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank
Frelinghuysen
Frost
Gephardt
Gilman
Gonzalez
Gordon
Green (TX)
Greenwood
Gutierrez
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holt
Honda
Hooley
Horn
Houghton
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee
(TX)
Jefferson

Johnson (CT)
Johnson, E. B.
Jones (OH)
Kaptur
Kelly
Kennedy (RI)
Kilpatrick
Kind (WI)
Klecicka
Kolbe
Lampson
Lantos
Larsen (WA)
Larson (CT)
Leach
Lee
Levin
Lewis (GA)
Lofgren
Lowey
Luther
Lynch
Maloney (CT)
Markey
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Miller
Miller, George
Moore
Moran (VA)
Morella
Nadler
Napolitano
Neal
Obey
Oliver
Ose
Owens
Pallone
Pascrell

Pastor
Payne
Pelosi
Price (NC)
Rangel
Reyes
Rivers
Rodriguez
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Schiff
Scott
Serrano
Shays
Sherman
Simmons
Slaughter
Smith (WA)
Snyder
Solis
Spratt
Stark
Strickland
Tanner
Tauscher
Thomas
Thompson (CA)
Thompson (MS)
Tierney
Turner
Udall (CO)
Udall (NM)
Velazquez
Visclosky
Waters
Watson (CA)
Watt (NC)
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NAYS—230

Aderholt
Akin
Armey
Baker
Ballenger
Barcia
Barr
Bartlett
Barton
Bereuter
Berry
Bilirakis
Blunt
Boehner
Bonilla
Bono
Boozman
Borski
Brady (TX)
Brown (SC)
Bryant
Burr
Burton
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Chabot
Chambliss
Coble
Collins
Combest
Cooksey
Costello
Cox
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis, Jo Ann
Davis, Tom
Deal

DeLay
DeMint
Diaz-Balart
Doolittle
Doyle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Everett
Ferguson
Flake
Fletcher
Foley
Forbes
Fossella
Gallegly
Gekas
Gibbons
Gilchrest
Gillmor
Goode
Goodlatte
Goss
Graham
Granger
Graves
Green (WI)
Grucci
Gutknecht
Hall (TX)
Hansen
Hart
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hilleary
Hobson
Hoekstra
Holden

Hostettler
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Jenkins
John
Johnson (IL)
Johnson, Sam
Jones (NC)
Kanjorski
Keller
Kennedy (MN)
Kerns
Kildee
King (NY)
Kingston
Kirk
Knollenberg
Kucinich
LaFalce
LaHood
Langevin
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lucas (KY)
Lucas (OK)
Manzullo
McCrery
McHugh
McInnis
McIntyre
McKeon
Mica
Miller, Dan
Miller, Gary
Miller, Jeff
Mollohan

Moran (KS)	Rehberg	Stupak	Ehrlich	Latham	Rogers (MI)	Markey	Pascrell	Snyder
Murtha	Reynolds	Sullivan	Emerson	LaTourette	Rohrabacher	Matheson	Pastor	Solis
Myrick	Riley	Sununu	English	Lewis (CA)	Ros-Lehtinen	Matsui	Payne	Spratt
Nethercutt	Roemer	Sweeney	Everett	Lewis (KY)	Ross	McCarthy (MO)	Pelosi	Stark
Ney	Rogers (KY)	Tancredo	Ferguson	Linder	Royce	McCarthy (NY)	Price (NC)	Strickland
Northup	Rogers (MI)	Tauzin	Flake	Lipinski	Ryan (WI)	McCollum	Rangel	Sweeney
Norwood	Rohrabacher	Taylor (MS)	Fletcher	LoBiondo	Ryun (KS)	McDermott	Reyes	Tauscher
Nussle	Ros-Lehtinen	Taylor (NC)	Foley	Lucas (KY)	Saxton	McGovern	Rivers	Thomas
Oberstar	Ross	Terry	Forbes	Lucas (OK)	Schaffer	McKinney	Rodriguez	Thompson (CA)
Ortiz	Royce	Thornberry	Fossella	Lynch	Schrock	McNulty	Rothman	Thompson (MS)
Osborne	Ryan (WI)	Thune	Galleghy	Manzullo	Sensenbrenner	Meehan	Roybal-Allard	Tierney
Otter	Ryun (KS)	Tiahrt	Ganske	McCrery	Sessions	Meek (FL)	Rush	Turner
Oxley	Saxton	Tiberi	Gekas	McHugh	Shadeegg	Meeks (NY)	Sabo	Udall (CO)
Paul	Schaffer	Toomey	Gillmor	McInnis	Shaw	Menendez	Sanchez	Udall (NM)
Pence	Schrock	Upton	Goode	McIntyre	Shimkus	Millender	Sanders	Velazquez
Peterson (MN)	Sensenbrenner	Vitter	Goodlatte	McKeon	Shows	McDonald	Sandlin	Visclosky
Peterson (PA)	Sessions	Walden	Gordon	Mica	Shuster	Miller, Dan	Sawyer	Waters
Petri	Shadeegg	Walsh	Goss	Miller, Gary	Simpson	Miller, George	Schakowsky	Watson (CA)
Phelps	Shaw	Wamp	Graham	Miller, Jeff	Skeen	Moore	Schiff	Watt (NC)
Pickering	Sherwood	Watkins (OK)	Granger	Mollohan	Skelton	Moran (VA)	Scott	Waxman
Pitts	Shimkus	Watts (OK)	Graves	Moran (KS)	Smith (MI)	Morella	Serrano	Weiner
Platts	Shows	Weldon (FL)	Green (WI)	Murtha	Smith (NJ)	Nadler	Shays	Wexler
Pombo	Shuster	Weldon (PA)	Grucci	Myrick	Smith (TX)	Napolitano	Sherman	Woolsey
Pomeroy	Simpson	Weller	Gutknecht	Neal	Souder	Ose	Simmons	Wu
Portman	Skeen	Whitfield	Hall (TX)	Nethercutt	Stearns	Owens	Slaughter	Wynn
Pryce (OH)	Skelton	Wicker	Hansen	Ney	Stenholm	Pallone	Smith (WA)	
Putnam	Smith (MI)	Wilson (NM)	Hart	Northup	Stupak			
Quinn	Smith (NJ)	Wilson (SC)	Hastings (WA)	Norwood	Sullivan			
Radanovich	Smith (TX)	Wolf	Hayworth	Nussle	Sununu			
Rahall	Souder	Young (AK)	Hefley	Oberstar	Tancredo			
Ramstad	Stearns	Young (FL)	Herger	Obey	Tanner			
Regula	Stenholm		Hilleary	Ortiz	Tauzin			

NOT VOTING—11

Bachus	Maloney (NY)	Stump
Callahan	Mascara	Thurman
Ganske	Mink	Towns
Hilliard	Roukema	

□ 1425

Messrs. SAM JOHNSON of Texas, LANGEVIN, SCHAFFER, EHLERS, CHAMBLISS, KINGSTON and SWEENEY changed their vote from “yea” to “nay.”

Mr. BLAGOJEVICH, Mrs. CAPPS, Mrs. JOHNSON of Connecticut, and Mr. PASCRELL changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. DAN MILLER of Florida). The question is on the passage of the bill.

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

RECORDED VOTE

Ms. WOOLSEY. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 229, noes 189, answered “present” 2, not voting 12, as follows:

[Roll No. 412]

AYES—229

Aderholt	Brown (SC)	Cox
Akin	Bryant	Cramer
Armey	Burr	Crane
Baker	Burton	Crenshaw
Ballenger	Buyer	Culberson
Barcia	Calvert	Cunningham
Barr	Camp	Davis, Jo Ann
Bartlett	Cannon	Davis, Tom
Barton	Cantor	Deal
Bereuter	Capito	DeLay
Berry	Chabot	DeMint
Bilirakis	Chambliss	Diaz-Balart
Blunt	Clement	Doolittle
Boehner	Coble	Doyle
Bonilla	Collins	Dreier
Boozman	Combest	Duncan
Borski	Cooksey	Dunn
Brady (TX)	Costello	Ehlers

NOES—189

Abercrombie	Coyne	Hilliard
Ackerman	Crowley	Hinchey
Allen	Cummings	Hinojosa
Andrews	Davis (CA)	Hoefel
Baca	Davis (FL)	Holt
Baird	Davis (IL)	Honda
Baldacci	DeFazio	Hooley
Baldwin	DeGette	Horn
Barrett	Delahunt	Houghton
Bass	DeLauro	Hoyer
Becerra	Deutsch	Inslee
Bentsen	Dicks	Israel
Berkley	Dingell	Jackson (IL)
Berman	Doggett	Jackson-Lee
Biggett	Dooley	(TX)
Bishop	Edwards	Jefferson
Blagojevich	Engel	Johnson (CT)
Blumenauer	Eshoo	Johnson, E. B.
Boehlert	Etheridge	Jones (OH)
Bonior	Evans	Kelly
Bono	Farr	Kennedy (RI)
Boswell	Fattah	Kilpatrick
Boucher	Filner	Kind (WI)
Boyd	Ford	Kirk
Brady (PA)	Frank	Kleczka
Brown (FL)	Frelinghuysen	Kolbe
Brown (OH)	Frost	Lampson
Capps	Gephardt	Lantos
Capuano	Gibbons	Larsen (WA)
Cardin	Gilchrest	Larson (CT)
Carson (IN)	Gilman	Leach
Carson (OK)	Gonzalez	Lee
Castle	Green (TX)	Levin
Clay	Greenwood	Lewis (GA)
Clayton	Gutierrez	Lofgren
Clyburn	Harman	Lowey
Condit	Hastings (FL)	Luther
Conyers	Hill	Maloney (CT)

ANSWERED “PRESENT”—2

Kaptur Kucinich

NOT VOTING—12

Bachus	Mascara	Sherwood
Callahan	Mink	Stump
Cubin	Olver	Thurman
Maloney (NY)	Roukema	Towns

□ 1437

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

21ST CENTURY DEPARTMENT OF JUSTICE APPROPRIATIONS AUTHORIZATION ACT

Mr. SENSENBRENNER (during consideration of House Resolution 545) submitted the following conference report and statement on the bill (H.R. 2215) to authorize appropriations for the Department of Justice for fiscal year 2002, and for other purposes:

CONFERENCE REPORT (H. REPT. 107-685)

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2215), to authorize appropriations for the Department of Justice for fiscal year 2002, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment, insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) *SHORT TITLE.*—This Act may be cited as the “21st Century Department of Justice Appropriations Authorization Act”.

(b) *TABLE OF CONTENTS.*—The table of contents of this Act is as follows:

DIVISION A—21ST CENTURY DEPARTMENT OF JUSTICE APPROPRIATIONS AUTHORIZATION ACT

TITLE I—AUTHORIZATION OF APPROPRIATIONS FOR FISCAL YEARS 2002 AND 2003

Sec. 101. Specific sums authorized to be appropriated for fiscal year 2002.

Sec. 102. Specific sums authorized to be appropriated for fiscal year 2003.

Sec. 103. Appointment of additional assistant United States attorneys; reduction of certain litigation positions.