There was no objection.

PAIN-CAPABLE UNBORN CHILD PROTECTION ACT

Mr. GOODLATTE. Madam Speaker, pursuant to House Resolution 266, I call up the bill (H.R. 1797) to amend title 18, United States Code, to protect pain-capable unborn children in the District of Columbia, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 266, in lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 113–15 is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 1797

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

SEC. 1. SHORT TITLE.

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

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

Congress finds and declares the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SEC. 3. PAIN-CAPABLE UNBORN CHILD PROTECTION.

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

''§ 1532. Pain-capable unborn child protection

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

''(b) REQUIREMENTS FOR ABORTIONS.—

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

''(2)(A) Except as provided in subparagraph (B), the abortion shall not be performed or attempted, if the probable post-fertilization age, as determined under paragraph (1), of the unborn child is 20 weeks or greater.

''(B) Subject to subparagraph (C), subparagraph (A) does not apply if—

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

''(ii) the pregnancy is the result of rape, or the result of incest against a minor, if the rape has been reported at any time prior to the abortion to an appropriate law enforcement agency, or if the incest against a minor has been reported at any time prior to the abortion to an appropriate law enforcement agency or to a government agency legally authorized to act on reports of child abuse or neglect.

''(C) Notwithstanding the definitions of 'abortion' and 'attempt an abortion' in this section, a physician terminating or attempting to terminate a pregnancy under an exception provided by subparagraph (B) may do so only in the manner which, in reasonable medical judgment, provides the best opportunity for the unborn child to survive, unless, in reasonable medical judgment, termination of the pregnancy in that manner would pose a greater risk of—

''(i) the death of the pregnant woman; or

''(ii) the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the pregnant woman;

than would other available methods.

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

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

''(e) DEFINITIONS.—In this section the following definitions apply:

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

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

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

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

''(ii) to remove a dead unborn child.

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

''(3) FERTILIZATION.—The term 'fertilization' means the fusion of human spermatozoon with a human ovum.

''(4) PERFORM.—The term 'perform', with respect to an abortion, includes induce an abortion through a medical or chemical intervention including writing a prescription for a drug or device intended to result in an abortion.

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

''(6) POST-FERTILIZATION AGE.—The term 'post-fertilization age' means the age of the unborn child as calculated from the fusion of a human spermatozoon with a human ovum.

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

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

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

''(10) WOMAN.—The term 'woman' means a female human being whether or not she has reached the age of majority.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 of title 18,

United States Code, is amended by adding at the end the following new item:

''1532. Pain-capable unborn child protection.''.

(c) CHAPTER HEADING AMENDMENTS.—

(1) CHAPTER HEADING IN CHAPTER.—The chapter heading for chapter 74 of title 18, United States Code, is amended by striking ***''PARTIAL-BIRTH ABORTIONS''*** *and inserting* ***''ABORTIONS''****.*

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

The SPEAKER pro tempore. The gentleman from Virginia (Mr. GOODLATTE) and the gentlewoman from California (Ms. LOFGREN) each will control 30 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GOODLATTE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 1797, currently under consideration.

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

There was no objection.

Mr. GOODLATTE. Madam Speaker, I ask unanimous consent that the gentlewoman from Tennessee (Mrs. BLACKBURN) be permitted to control the balance of my time.

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

Ms. LOFGREN. Madam Speaker, reserving the right to object, I am wondering why a member of the Judiciary Committee is not managing on the part of the majority. The chairman is here. We recessed our markup so that all members of the Judiciary Committee could be present.

It is generally our practice for members of the committee of jurisdiction to manage on both sides, and so the inquiry is why are we departing from that practice?

Further reserving the right to object, I yield to the gentleman from Virginia.

Mr. GOODLATTE. It is the prerogative of the committee to choose the appropriate people to manage time. I notice that the ranking member is not managing on the Democratic side. We choose to ask someone who is not a member of the committee, and that's appropriate under the rules of the House.

Ms. LOFGREN. I will not object. I just thought it was an unusual procedure.

I withdraw my reservation.

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

There was no objection.

The SPEAKER pro tempore. The gentlewoman from Tennessee is recognized.

Mrs. BLACKBURN. Madam Speaker, I yield myself such time as I may consume.

I have to tell you, Madam Speaker, so often we come to the floor and we will hear Members say, we are doing this for the children or that for the children, and I have to tell you, this is one of those days that we truly can stand and say, yes, indeed, we are taking an action that will enable so many children to enjoy that first guarantee, that guarantee to life. And indeed, that is the reason that we stand here.

The Unborn Child Protection Act is based in science. This is an area that has overwhelming public support, and it is, indeed, an appropriate response to Kermit Gosnell's house of horrors and the similar stories that we are hearing emanate from across the Nation about what is happening in these abortion clinics.

What this does is to limit abortion at the 6th month of pregnancy and includes exceptions so that we can send the clearest possible message to the American people that we do not support more Gosnell-like abortions.

It does nothing to ban abortion before the 6th month of pregnancy. It does not affect Roe v. Wade, and we know that it is a step that needs to be taken to protect life.

You know, scientific evidence tells us that unborn babies can feel touch as soon as 8 weeks into the pregnancy. They feel pain at 20 weeks. Indeed, some of these marvelous, marvelous fetal surgeries that are performed, they administer an anesthesia to these unborn babies.

And as I said, public opinion polling shows that 60 percent of all Americans, Madam Speaker, they support limiting abortion during the second trimester, and 80 percent during the third trimester. So we think that it is incumbent upon this body to take the step that we bring before the Chamber today and to recognize science, to bring the law in line with the majority of public opinion, and to stand against what has transpired in the Kermit Gosnell-like abortion clinics.

Indeed, I think it is so noteworthy that Mr. Gosnell's attorney, Jack McMahon, stated that he thought the law should be back to 16 or 17 weeks. He said that 24 weeks was not a good determiner, and that it would be a far better thing to have that ban at 16 or 17 weeks.

We're not pushing back that far. We're at 20 weeks. We think that this is an appropriate step.

At this time, I reserve the balance of my time.

Ms. LOFGREN. Madam Speaker, I yield myself 3 minutes.

I rise in opposition to this bill. This will be the 10th vote we've had to restrict women's access to health care since Republicans took control of the House in 2011, and there are plenty of other things we should be doing.

The bill imposes a nationwide 20-week abortion ban. It's unconstitutional, but it's also dangerous to the health and safety of American women. The narrow health exception in the bill only allows for abortions that are necessary to save the life of a pregnant woman. It's shortsighted at best and cruel at worst.

Many things can go wrong in pregnancy, and this bill would force a doctor to wait until a woman's condition was life-threatening before performing an abortion.

Nonlife-threatening conditions couldn't be treated if this bill were law, which could result in permanent health problems for some women, including infertility.

Severe or fatal conditions may also arise with a fetus later in pregnancy and, if enacted into law, this bill would require some women to carry a fetus to term, even in the situation where that fetus has been diagnosed with a lethal medical condition, a heartbreaking scenario.

The rape and incest exceptions are insulting and excessively narrow. The rape and incest exceptions that were added to the bill after the committee's markup are just incredibly disappointing. They require reporting the crime to law enforcement prior to seeking care. It shows a distrust of women and a lack of understanding of the reality of sexual assault.

Only 35 percent of women report sexual assaults, and there are many reasons for that that are complex, including fear of reprisal—78 percent of rape victims know their offender—shame, wanting to put the incident behind them.

Also, this bill is unconstitutional. It's a direct challenge to Roe v. Wade, where the Court held that, prior to viability, abortions may be banned only if there are meaningful exceptions to protect the woman's life and health. For over four decades these principles have been upheld, and this bill blatantly disregards them.

□ 1650

Finally, I want to urge my colleagues to oppose this bill. It's an attack on women's health, on our constitutional freedoms, and it seeks to take important medical decisions out of the hands of women, their doctors and their families and instead entrust those decisions to Congress. It's a misguided effort.

I oppose the bill, and I reserve the balance of my time.

Mrs. BLACKBURN. Madam Speaker, at this time, I yield 3 minutes to one of our great pro-life advocates, Mrs. BLACK from Tennessee.

Mrs. BLACK. I thank the gentlelady for yielding.

Madam Speaker, when I first became a nurse over 40 years ago, I took a vow to ''devote myself to the welfare of those committed to my care.'' And it is in this spirit of both protecting life and women's health that I'm proud to rise today in support of H.R. 1797, the Pain-Capable Unborn Child Protection Act.

Now, this bipartisan legislation would ban late-term abortion after 20 weeks. I want to say that again. It would ban late-term abortion after 20

weeks, with the exception provided for when the life of the mother is endangered.

H.R. 1797 is based on undisputed scientific evidence which tells us that unborn children at 20 weeks and older can feel pain—these are babies, they can feel pain—and that late-term abortions pose severe health risks also for the mother. For example, a woman seeking an abortion at 20 weeks is 35 times more likely to die from an abortion than she was in the first trimester. There are medical reasons for this. At 21 weeks or more, a woman is 91 times more likely to die from an abortion than she was in the first trimester.

Despite these undisputed facts about a baby's level of development and a woman's health, there is currently no Federal law to protect pain-capable unborn children or their mothers by restricting late-term abortions—even at a day and age when we're seeing premature babies that are born at 22 weeks that survive.

As a society, we celebrate the birth of babies whether it's prematurely born at 22 weeks or delivered at full term, and we hope and pray for good health of that baby and the mother.

Today, with that same spirit in mind, I urge my colleagues to join me in celebrating and protecting life of both the baby and the mother by passing H.R. 1797.

Ms. LOFGREN. Madam Speaker, I would yield 2 minutes to a former member of the Judiciary Committee, Representative DEBBIE WASSERMAN SCHULTZ.

Ms. WASSERMAN SCHULTZ. Madam Speaker, I rise to strongly oppose the Pain-Capable Unborn Child Protection Act. It has been 40 years since Roe v. Wade, and yet women still have to fight for the right to keep decisions about our bodies between us and our doctors. We shouldn't have to worry that our government will try to intercede in our personal health care decisions.

This bill is extreme, and it's an unprecedented reach into women's lives—into women's personal lives. This is a clear indication that the well-being of women in this country is not something Republicans care to protect. It is clear that the Members who approved this bill, the all-male Republican members on the House Judiciary Committee, are not only disinterested in protecting the well-being of women but are also disinterested in the professional opinion of the medical community.

We have heard a lot of offensive and downright untrue assertions by Republicans throughout the discussion of this bill, including by the previous speaker. These assertions are baseless, completely devoid of medical fact or grounding in consensus among doctors. No evidence has been presented. They just throw statistics out without any citation or reference at all. Just because you say it out loud in the House Chamber doesn't make it true.

The Republican men who brought this bill to the floor—despite the parade of our women colleagues on the House floor today—do not represent the voices of women in America. Every time we let their voices get louder than ours, we are inching back to the truly Dark Ages—where a world of barriers, from physical to legal to financial, stood between women and their constitutional rights. We have worked too hard and come too far to let it all slip away now.

As a mother, when I think about what kind of world I want my daughters to live in, it's one where their rights are sacred and their value is recognized, and that means having access to comprehensive sex education, affordable contraception, and, yes, safe, legal reproductive services.

This bill doesn't work toward creating a better world for future generations of women. It erodes their future by undermining their independence and undercutting their health. I urge a ''no'' vote on this unconstitutional piece of legislation and extreme reach into the personal health and well-being of women.

Mrs. BLACKBURN. I yield 15 seconds to myself to respond.

A USA Today-Gallup poll: 64 percent, abortions should not be permitted in the second 3 months of pregnancy; 80 percent, in the third 3 months. The polling company on March 3, 2013: 63 percent of women believe that abortion should not be permitted after the point where substantial medical evidence shows the baby can feel pain.

At this time, I yield 3 minutes to the gentlewoman from Minnesota (Mrs. BACHMANN).

Mrs. BACHMANN. Madam Speaker, it's a privilege to be able to stand here today and to speak on behalf of the unborn. I have a picture that was taken just yesterday. All of us as parents love to take pictures of our babies. This is a picture that was taken of an unborn baby yesterday. This is the age of the baby—the youngest age, at 20 weeks, that this bill is referencing. And this is a picture of the mom. We're here because we care about women. We're here because we care about the unborn. That's why I support this wonderful bill that's before our body today.

You see, we had a very recent, disturbing account of a late-term abortionist. His name was Kermit Gosnell. His actions have made debates like this more important than ever before because, under the guise of being a medical professional, you see, Dr. Gosnell violently ended the life of viable, unborn babies. And, in turn, he seriously hurt or even killed some of the women whom he claimed were his patients.

A few days ago, the minority leader, NANCY PELOSI, referred to late-term abortions as sacred ground when voicing opposition to this bill. I found that to be a stunning statement. What could possibly be sacred about late-term abortion? What could possibly be sacred about dismembering this 6-month-old little baby with a pair of scissors as Kermit Gosnell did? What could possibly be sacred about listening to the whimpers and cries of a baby? Because, you see, we know that babies at this age feel pain when scissors are put into their body as it comes to an early end.

You see, we are the people who make the laws in our society, and therefore, we have the duty to protect the inalienable right to life of every individual, both the mom and the unborn baby. At 8 weeks from conception, an unborn child's heart begins to beat. By 20 weeks, he or she is capable of sensing pain. And babies as young as 21 weeks have survived premature birth.

Madam Speaker, as a woman and as a mom of five natural-born children and 23 foster children, I am appalled by the savage practice of late-term abortion.

There is no such thing as an unwanted child, and that's why this legislation is so important. It not only protects the unborn, it protects the mom against the lethal practices of abortionists like Gosnell. And women deserve better than abortion. Unborn children deserve their inalienable right to life. Pregnancy is wonderful. It can be difficult too. That's why we need to show patience and compassion toward every woman as they carry a human life.

We are, indeed, treading upon sacred ground. But it's because we're dealing with the sanctity of every human life. And out of respect for this mom and out of respect for this unborn child, I urge my colleagues to vote ''yes'' on this commonsense piece of legislation. I thank Mrs. BLACKBURN, and I thank Representative TRENT FRANKS of Arizona.

Ms. LOFGREN. May I inquire how much time remains?

The SPEAKER pro tempore. The gentlewoman from California has 25½ minutes remaining. The gentlewoman from Tennessee has 21¼ minutes remaining.

Ms. LOFGREN. Before yielding to the ranking member, I'd just like to note the situation of my friend, Vicky Wilson, who found out, unfortunately, in the 20th week of her pregnancy that her much-wanted and desired child had all of her brains formed outside of the cranium and would not survive, and if she carried the fetus to term, likely her uterus would have ruptured. Under this bill, Vicky would have been forced into that heartbreaking situation. I think that's simply wrong.

I yield 3 minutes to the ranking member of the Judiciary Committee, the gentleman from Michigan (Mr. CONYERS).

□ 1700

Mr. CONYERS. Thank you, Ms. LOFGREN. I appreciate this important debate and participating in it.

Members of the House, by imposing a nationwide ban on abortions performed after 20 weeks, H.R. 1797, the so-called Pain Capable Unborn Child Protection Act, is nothing less than a direct attack on a woman's constitutional right

to make decisions about her health. It criminalizes previability abortions with only a narrow exception for the woman's life; it fails to include any exceptions for the woman's health; and it utterly disregards the often difficult personal circumstance women face when confronted with the needs to terminate their pregnancies.

The amended version of H.R. 1797 made in order by the Rules Committee last night attempts to address the nationwide outcry in response to comments by the bill's author at the Judiciary Committee's markup that ''incidents of rape resulting in pregnancy are very low.''

As amended, the bill now includes only a very limited exception for rape and incest that would only be available if the victim could demonstrate that she has reported the crime to the proper authorities. This reporting mandate isn't even required in the Hyde amendment, and it ignores the many reasons why rapes go unreported, including the fear of the abuser, fear of how the legal system may treat the victim, and shame. In short, the majority has determined that a woman's word is not enough to prove that she has been raped or the victim of incest. This pernicious legislation would also impose criminal penalties on doctors and other medical professionals.

But let's consider the facts, beginning with the sponsor's comments that ''incidents of rape resulting in pregnancy are very low'' and that there's no need for an exception.

On the contrary, rape-induced pregnancy—unfortunately, I'm sad to say—occurs with some frequency. For example, the Rape, Abuse, and Incest National Network reported that during 2004 and 2005, 64,080 woman were raped, and of those rapes, 3,204 pregnancies resulted.

Mrs. BLACKBURN. At this time, I yield 3 minutes to the gentleman from Virginia (Mr. GOODLATTE).

Mr. GOODLATTE. I want to thank the gentlewoman from Tennessee and the other pro-life women who are speaking out in this debate today.

Since the Supreme Court's controversial decision in Roe v. Wade in 1973, medical knowledge regarding the development of unborn babies and their capacities at various stages of growth has advanced dramatically. Even The New York Times has reported on the latest research on unborn pain, focusing in particular on the research of Dr. Sunny Anand, an Oxford-trained neonatal pediatrician who has held appointments at Harvard Medical School and other distinguished institutions. As Dr. Anand has testified:

> If the fetus is beyond 20 weeks of gestation, I would assume that there will be pain caused to the fetus, and I believe it will be severe and excruciating pain.

Congress has the power to acknowledge these developments by prohibiting abortions after the point at which scientific evidence shows the unborn can feel pain with limited exceptions. H.R. 1797 does just that. It also includes provisions to protect the life of the mother and an additional exception for cases of rape and incest.

The terrifying facts uncovered during the course of the trial of late-term abortionist Kermit Gosnell and successive reports of similar atrocities committed across the country remind us how an atmosphere of insensitivity can lead to horrific brutality.

The grand jury report in the Gosnell case itself contains references to a neonatal expert who reported that the cutting of the spinal cords of babies intended to be late-term aborted would cause them ''a tremendous amount of pain.''

The polling company recently found that 64 percent of Americans would support a law such as the Pain Capable Unborn Child Protection Act—only 30 percent would oppose it—and supporters include 47 percent of those who identified themselves as pro-choice in the poll as well as 63 percent of women.

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

As The New York Times story concluded, throughout history, ''a presumed insensitivity to pain has been used to exclude some of humanity's privileges and protections. Over time, the charmed circle of those considered alive to pain, and therefore fully human, has widened to include members of other religions and races, the poor, the criminal, the mentally ill, and—thanks to the work of Sunny Anand and others—the very young.''

The Gosnell trial reminds us that when newborn babies are cut with scissors, they whimper and cry and flinch from pain. And unborn babies, when harmed, also whimper and cry and flinch from pain. Delivered or not, babies are babies, and they can feel pain at least by 20 weeks.

It is time to welcome our children who can feel pain into the human family. I urge my colleagues to support this legislation.

Ms. LOFGREN. Madam Chair, before yielding to the ranking member of the Constitution Subcommittee, I would just like to note that we do not need to change the law. Dr. Gosnell was convicted and he's doing two life sentences in prison for murder under current law.

I yield 3 minutes to the ranking member of the Constitution Subcommittee, the gentleman from New York (Mr. NADLER).

Mr. NADLER. I thank the gentlewoman for yielding.

Madam Speaker, we're back again considering cruel and unconstitutional legislation that would curtail women's reproductive rights. This bill contains a nearly total ban on abortions prior to viability, which the Supreme Court says violates women's rights under the Constitution.

Just recently, the U.S. Court of Appeals for the 9th Circuit struck down a nearly identical Arizona statute, saying:

> Since Roe v. Wade, the Supreme Court case law concerning the constitutional protection accorded women with respect to the decision whether to undergo an abortion has been unalterably clear regarding one basic point . . . a woman has a constitutional right to choose to terminate her pregnancy before the fetus is viable. A prohibition on the exercise of that right is per se unconstitutional.

Perhaps most cruelly, this bill fails even to provide any exception to protect a woman's health. The exception for a woman's life is so narrowly written and so convoluted that even a physician wanting to comply with the law in good faith would have trouble determining when the woman is sufficiently in extremis that her condition qualifies. So the morally arrogant authors of this bill would tell a woman who faces permanent injury or disability that she must bear that calamity by carrying her pregnancy to term.

Recently added language is supposed to take the heat off the recent uproar over the absence of a rape and incest exception in this bill, but the bill would provide an exception for rape or incest only if the victim first reported it to the authorities. In the best of all possible worlds, every assault would be reported and every rapist prosecuted. But we all know that there are many reasons why rapes and incest often don't get reported—the toll our criminal justice system takes on rape victims: the humiliation, the harassment, the psychological trauma.

Why force women to be victimized twice? The only reason we have been given by the supporters of this bill is that women lie about having been raped. So the sponsors are telling us not only that women are not competent to make this very personal decision for themselves and that we here are more competent—we should substitute our judgments for theirs—but women are also too dishonest to be believed when they say they were raped.

This bill would use the trauma of the assault to erect another unnecessary and cruel barrier to a raped woman. Congress should not side with her abuser to force her to carry that abuser's child to term.

The incest exception applies only if the victim was a minor when the incidents occurred. Why? Do my colleagues believe that this was nice, consensual sex? That if a young woman is abused by her father from age 8 and he gets her pregnant at 18, it doesn't count? Or that she asked for it and deserves it?

□ 1710

These restrictions are new. The rape and incest exceptions in the previous legislation passed by this House have no such conditions or restrictions. Even the Hyde amendment, embodied

in the Labor-HHS appropriations bill, says:

> The limitations established in the preceding section shall not apply to abortion if the pregnancy is the result of an act of rape or incest.

No conditions, no restrictions, no ifs, ands, or buts.

Some Members want to redefine rape and incest to satisfy an extremist base that wants to outlaw all abortions, even for victims of rape and incest. I hope that we can agree that no woman should ever be forced to carry her abuser's child.

I urge my colleagues to reject this cruel and unconstitutional legislation.

Mrs. BLACKBURN. Madam Chairman, at this time, I yield 2 minutes to one of our bright young attorneys, the gentlelady from Alabama (Mrs. ROBY).

Mrs. ROBY. Madam Chairman, I thank the gentlelady for yielding.

I rise to support H.R. 1797, the Pain-Capable Unborn Child Protection Act.

This bill would at last prohibit dangerous, late-term abortions of unborn children at 20 weeks. That's the stage of development which we feel pain. And I say ''we,'' Madam Chairman, for a reason. Many supporters of this bill are taking to Facebook and Twitter using the hashtag #TheyFeelPain to illustrate the brutal reality of late-term abortions.

I applaud their efforts, and I appreciate the many notes of encouragement I've received from constituents back home in support of this bill. I certainly hope that they will keep those Facebook posts coming to get the word out about what we are doing here today.

I use the phrase ''we feel pain'' because I'm afraid too often we speak of this issue like it's someone else we're talking about, some other species. Madam Chairman, we are talking about human beings—human beings—babies far along enough in development to feel touch, to respond to touch. We're talking about us.

We were all 20 weeks at one time. Every Member in this Chamber was. We all reached a particular point of development at which the prayerful hope for life becomes precious potential and viability.

These babies right now are in NICUs all over this country. Having been premature, the babies are laying in a protective environment trying to build stable breath, reaching to hold the fingers of their mommies and daddies. Yet, right now, under Federal law, other babies at 20 weeks are still at risk of being brutally, mercilessly, and painfully killed.

Madam Chairman, this must end. This must end because we feel pain.

I reached out just a few hours ago via Facebook, Madam Chairman, to my constituents to ask for stories about children that were born at or near 20 weeks. I want to share one. A constituent named Terry writes that her baby was born at 24 weeks, weighing only 2 pounds, 3 ounces. After struggling initially, her child grew strong and healthy. That was 19 years ago. Her son is now an adult living out west.

I ask my colleagues to support and vote ''yes'' for H.R. 1797.

Ms. LOFGREN. Madam Chairman, I would like to yield 1 minute to the Democratic leader, Congresswoman NANCY PELOSI, from California.

Ms. PELOSI. Madam Chairman, do you ever wonder what the American people think when they tune into C–SPAN to see what business is being attended to on the floor of the House? Do you ever wonder what the American people think when they are saying, What is happening to create jobs? What is happening to agree to a budget that will promote growth and reduce the deficit for our country? What is happening to make progress for the American people? Do you ever wonder about that, when they tune in and see debate on bills that are going no place? Do they think, Well, here it is, just another day in the life of the Republican-controlled Congress; another day without a jobs bill, another day without a budget agreement, another day ignoring the top priorities of the American people by the Republican majority?

Our constituents have made it clear time and time again we must work together to create jobs, to strengthen the middle class, and to grow the economy. Yet, once again, Republicans refuse to listen. Instead, we are debating legislation that endangers women's health and that disrespects the judgment of American women and their doctors on how to make judgments about women's health.

This bill would deny care to women in the most desperate circumstances—sad and desperate circumstances. It is yet another Republican attempt to endanger women. It is disrespectful to women; it is unsafe for families; and it is unconstitutional.

At the start of Congress, Republicans took great pride—and we joined them in that pride—in reading the Constitution, start to finish. It is a great day; it is a great document. Then the Republicans proceeded to ignore it. One example: this clearly unconstitutional bill.

Each day, Republicans claim they want to reduce the role of government, except when it comes to women's most personal decisions about their reproductive health. Leading groups of medical professionals and experts across the country believe that this legislation is dangerous and wrong.

That is the message we have seen from doctors and health care providers who have pointed out that this legislation would put medical professionals in an ''untenable position'' when treating ''women in need.''

That is the same message we've heard from national religious organizations, who have called on us to ''offer compassion, support, and respect for a woman and her family facing these difficult circumstances.''

I have a copy of a letter from 16 national religious groups that was sent to Speaker BOEHNER and to me, as Democratic leader, which I wish to submit for the RECORD.

Just another day in the Republican Congress: more extremism, more dead-end bills, and less progress on the real challenges facing all Americans. The American people want bipartisanship. They want progress. They don't want obstruction and delaying tactics.

Enough is enough. Let's vote ''no'' on this dangerous bill and let's get to work together to work on a fair budget that replaces the across-the-board cuts of the sequester with a plan to create jobs, grow the economy, and strengthen the middle class as we reduce the deficit.

Let's act now to put people to work and strengthen the middle class. I say it over and over.

Let's discard this assault on women's health and work together to make real progress for the American people.

I urge my colleagues to vote ''no.''

JUNE 18, 2013.

16 NATIONAL RELIGIOUS GROUPS OPPOSE BAN ON ABORTION CARE AFTER 20 WEEKS

Hon. JOHN BOEHNER,
Speaker of the House, House of Representatives, Washington, DC.
Hon. NANCY PELOSI,
Minority Leader, House of Representatives, Washington, DC.

DEAR SPEAKER BOEHNER AND MADAM LEADER: We, the undersigned national religious groups, urge you to oppose H.R. 1797, the ''District of Columbia Pain-Capable Unborn Child Protection Act'' sponsored by Representative Trent Franks (R–AZ), which would create a nationwide ban on access to abortion care 20 weeks after fertilization, with only burdensome exceptions for cases of rape or incest. It explicitly bans later abortion care for a woman whose mental health would threaten her life or her health. We stand united across our faith traditions in opposing this extreme legislation.

Proponents of this bill have cited the Kermit Gosnell case as a reason to push this intrusive policy, but the fact is that the lack of access to safe and affordable abortion care is precisely the circumstance that drove women to an unscrupulous person like Gosnell, as it did to so many women before Roe v. Wade. The existence of his clinic is a ghastly warning sign of what happens when abortion is so restricted and expensive that a woman in need feels that she has nowhere else to turn.

A family with a wanted pregnancy that goes terribly wrong is confronted with awful decisions that none of us ever want to face. Our religious values call us to offer compassion, support, and respect to a woman and her family facing these difficult circumstances. H.R. 1797 will only make a challenging situation worse. When a woman needs an abortion, it is critically important that she have access to safe and legal care.

It is telling that Representative Franks, in a press release announcing that he would be expanding the focus of H.R. 1797 from the District of Columbia to a nationwide ban, does not make even a single reference to a woman, her family, or her situation.

Like all Americans, Rep. Franks is free to have and share his own religious beliefs about issues related to pregnancy and parenting. Liberty is an American value. However, H.R. 1797 is a clear attempt to impose one particular religious belief on the whole nation, and thus represents a gross violation of the freedom to which every American is

entitled by the Constitution. The proper role of government in the United States is not to impose one set of religious views on everyone, but to protect each person's right and ability to make decisions according to their own beliefs and values.

We believe—and Americans, including people of faith, overwhelmingly agree—that the decision to end a pregnancy is best left to a woman in consultation with her family, her doctor, and her faith. Our laws should support and safeguard a woman's health—not deny access to care. Please show compassion for women and respect for religious liberty by opposing H.R. 1797.

In faith,

Anti-Defamation League, Catholics for Choice, Disciples Justice Action Network, Hadassah, The Women's Zionist Organization of America, Inc., Jewish Council for Public Affairs, Jewish Women International, Methodist Federation for Social Action, Metropolitan Community Churches, Muslims for Progressive Values, National Council of Jewish Women, Religious Coalition for Reproductive Choice, Religious Institute, Union of Reform Judaism, Unitarian Universalist Association of Congregations, Unitarian Universalist Women's Federation, United Church of Christ, Justice and Witness Ministries (f).

Mrs. BLACKBURN. Madam Chairman, I yield myself 15 seconds.

When we talk about what is dangerous and wrong, let me tell you what is dangerous and wrong: condoning the actions of Kermit Gosnell or Doug Karpen or what transpired in New Mexico or what we found out from Delaware or from Virginia or from West Virginia. The house of horrors goes on and on.

At this point, I would like to yield 3 minutes to a member of our House Republican leadership team, the gentlewoman from Missouri (Mrs. WAGNER).

Mrs. WAGNER. Madam Chairman, I thank the gentlelady from Tennessee for yielding and for advancing this legislation.

Madam Chairman, I rise today in support of life, in support of life, liberty, and the pursuit of happiness.

Life begins at conception. Throughout the years, as science and technology have evolved and continue to advance, we are changing hearts and minds. We have more and more evidence that life does, indeed, begin at conception.

We know that after 3 weeks, the baby has a heartbeat. After 7 weeks, the baby begins kicking in the womb. By week 8, the baby begins to hear and fingerprints start to form. After 10 weeks, the baby is able to turn his or her head, frown, and even hiccup. By week 11, the baby can grasp with his or her hands. And by week 12, the baby can suck his or her thumb. And by week 20, not only can the baby recognize his or her mother's voice, but that baby can also feel pain.

While killing an unborn child is unacceptable at any time, it is especially abhorrent at the 20-week mark when a child is able to feel the pain of an abortion. Madam Chairman, it is not only the pain of the child that we must be concerned with, but also the pain of the mother.

□ 1720

The other side has deemed abortion a ''sacred right.'' They tout that they are champions for women, telling women they have the right to do with their bodies whatever they want. The problem here is that everyone talks about the right to choose, but no one discusses the implications of that choice.

I recently had the opportunity to speak with Joyce Zounis, who had multiple abortions between the ages of 15 and 26. She told me that the abortionists told her everything would be over very quickly, but they didn't tell her about the physical and the psychological implications that would stay with her for life. Not once did the abortionists relay to her the physical risks that she suffered later. That does not include the emotional damage she also suffered—uncontrollable anger, depression, seclusion, and the inability to trust anyone.

Madam Speaker, I am for life at all stages. I am for the life of the baby, and I am also for the life of the mother. I will continue to work towards the day when abortion is not only illegal but is absolutely unthinkable.

PARLIAMENTARY INQUIRY

Mr. BERA of California. Madam Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BERA of California. Will the Speaker inform us as to when we might consider legislation to address the needs of a generation of college students whose interest rates are about to reset in a few weeks and double—instead of this bill, which is a direct attack on women's rights.

The SPEAKER pro tempore. The gentleman has not stated a proper parliamentary inquiry.

Ms. LOFGREN. Madam Speaker, I yield 2½ minutes to a member of the Judiciary Committee, the gentlelady from Texas, Congresswoman SHEILA JACKSON LEE.

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

Ms. JACKSON LEE. Madam Speaker, to those who are gathered here today, I have already heard my leader indicate partly why we are here, taking away from the serious work of this place in trying to provide jobs for the thousands and millions of Americans who are unemployed, but I have another question.

I want to know why we are on the floor of the House, debating a dangerous and inhumane legislative initiative. I also want to know why there are those who would rise presumptuously and arrogantly to suggest they know my heart. Why is there someone suggesting in this body that I have not experienced pain or do not know pain or do not know the pain of my constituents?

The same question can be asked, How do they know what a mother, whose health is in jeopardy, is feeling?

Why would they be so presumptuous as to suggest that we could not, or that we are saying to some woman that you can't do with your body as you desire? It is between your God, your doctor and your family.

How outrageous this legislation is. It is patently unconstitutional. Griswold says it's a violation of the right to privacy. Doe v. Bolton, which was passed on the same day as Roe v. Wade, specifically said that the health of the mother had to be taken into consideration. This violates any kind of adherence to the health of the mother.

For us to refer to the heinous, disgusting actions in Pennsylvania suggests that I don't care about it. I am glad that the justice system persecuted and prosecuted this villain and sent that doctor to jail, but I don't want America's doctors and mothers and people of faith to be sent to the jailhouse because we are so presumptuous and arrogant.

Let's be very clear about a young woman by the name of Vikki Stella, a diabetic who discovered months into her pregnancy that the fetus she was carrying suffered from several major anomalies and who had no chance of survival. They wanted to induce labor or perform a Caesarean section, but her physician said she could not survive it, and they had to use another procedure. If they had not used a procedure like an abortion, she would not be able to have children again.

Do we want to go back to the time when women were running into back alleys?

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

Madam Speaker, I rise in strong opposition to H.R. 1797, the ''Pain Capable Unborn Child Protection Act.'' Last year I opposed this irresponsible and reckless legislation when it was brought to the floor under a suspension of the rules and fell well short of the two-thirds majority needed to pass. I opposed the bill, which arbitrarily bans a woman from exercising her constitutionally protect right to choose to terminate a pregnancy after 20 weeks, last year for the same reasons I do now. This purely partisan and divisive legislation:

1. Unduly burdens a woman's right to terminate a pregnancy and thus puts their lives at risk;

2. Does not contain exceptions for the health of the mother;

3. As introduced and considered in the Judiciary Committee, unfairly targeted the District of Columbia; and

4. Infringes upon women's right to privacy, which is guaranteed and protected by the U.S. Constitution.

Madam Speaker, the rule governing debate on this bill also set the terms of debate for the Farm Bill that makes drastic reductions in SNAP funding and nutrition programs that help the women, children, infants, and the poor.

Coupling these two bills together under one rule sends the uncaring message that it is right and good to force a woman to carry an unwanted pregnancy to term and then withhold from her and her infant the support necessary for them to maintain a nutritious and healthy diet.

Madam Speaker, in 2010, Nebraska passed a law banning abortion care after 20 weeks. Since then 10 more red states—Alabama, Arizona, Arkansas, Georgia, Idaho, Indiana, Kansas, Louisiana, North Dakota, and Oklahoma—have enacted similar bans. None of these laws has an adequate health exception. Only one provides an exception for cases of rape or incest.

H.R. 1797 seeks to take the misguided and mean-spirited policy of these states and make it the law of the land. In so doing, the bill poses a nationwide threat to the health and wellbeing of American women and a direct challenge to the Supreme Court's ruling in Roe v. Wade.

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

Women like Danielle Deaver, who was 22 weeks pregnant when her water broke. Tests showed that Danielle had suffered anhydramnios (''OmHydrim-Nee-Oze''), a premature rupture of the membranes before the fetus has achieved viability. This condition meant that the fetus likely would be born with a shortening of muscle tissue that results in the inability to move limbs.

In addition, Danielle's fetus likely would suffer deformities to the face and head, and the lungs were unlikely to develop beyond the 22–week point. There was less than a 10% chance that, if born, Danielle's baby would be able to breathe on its own and only a 2% chance the baby would be able to eat on its own. Danielle and her husband decided to terminate the pregnancy but could not because of the Nebraska ban. Danielle had no recourse but to endure the pain and suffering that followed. Eight days later, Danielle gave birth to a daughter, Elizabeth, who died 15 minutes later.

H.R. 1797 hurts women like Vikki Stella, a diabetic, who discovered months into her pregnancy that the fetus she was carrying suffered from several major anomalies and had no chance of survival. Because of Vikki's diabetes, her doctor determined that induced labor and Caesarian section were both riskier procedures for Vikki than an abortion. Because Vikki was able to terminate the pregnancy, she was protected from the immediate and serious medical risks to her health and her ability to have children in the future was preserved.

Madam Speaker, every pregnancy is different. No politician knows, or has the right to assume he knows, what is best for a woman and her family. These are decisions that properly must be left to women to make, in consultation with their partners, doctors, and their God.

That is why the American College of Obstetricians and Gynecologists, the nation's leading medical experts on women's health, strongly opposes 20-week bans, citing the threat these laws pose to women's health.

Madam Speaker, I also strongly oppose H.R. 1797 because it lacks the necessary exceptions to protect the health and life of the mother. In fact, the majority Republicans rejected an amendment offered by our colleague, Congressman NADLER, which would have added a ''health of the mother'' exception to the bill.

During the markup of H.R. 1797 in the Judiciary Committee, Republicans even rejected an amendment I offered that would have provided a limited exception in cases where ''the pregnancy could result in severe and long-lasting damage to a woman's health, including lung disease, heart disease, or diabetes.''

Imagine, Madam Speaker, an amendment permitting an exception in the case where a woman risked heart or lung disease was rejected by Judiciary Republicans as too lenient and compassionate toward women!

I offered my amendment again to the Rules Committee but again, Committee Republicans refused to make it in order.

Madam Speaker, it is an additional measure of just how incredibly bad this bill is that when it was introduced and considered in the Judiciary Committee, it did not even include an exception for rape or incest!

Madam Speaker, this may come as news to some in this body, but each year approximately 25,000 women in the United States become pregnant as a result of rape. And about a third (30%) of these rapes involve women under age 18!

Madam Speaker, last and most important, I oppose H.R. 1797 because it is an unconstitutional infringement on the right to privacy, as interpreted by the Supreme Court in a long line of cases going back to Griswold v. Connecticut in 1965 and Roe v. Wade decided in 1973. In Roe v. Wade, the Court held that a state could prohibit a woman from exercising her right to terminate a pregnancy in order to protect her health prior to viability. While many factors go into determining fetal viability, the consensus of the medical community is that viability is acknowledged as not occurring prior to 24 weeks gestation.

By prohibiting nearly all abortions beginning at ''the probable post-fertilization age'' of 20 weeks, H.R. 1797 violates this clear and long standing constitutional rule.

In striking down Texas's pre-viability abortion prohibitions, the Supreme Court stated in Roe v. Wade:

With respect to the State's important and legitimate interest in potential life, the 'compelling' point is at viability. This is so because the fetus then presumably has the capability of meaningful life outside the mother's womb. State regulation protective of fetal life after viability thus has both logical and biological justification. If the State is interested in protecting fetal life after viability, it may go as far as to proscribe abortion during that period, except when it is necessary to preserve the life or health of the mother.

Supreme Court precedents make it clear that neither Congress nor a state legislature can declare any one element—''be it weeks of gestation or fetal weight or any other single factor—as the determinant'' of viability. Colautti v. Franklin, 439 U.S. 379, 388–89 (1979). Nor can the government restrict a woman's autonomy by arbitrarily setting the number of weeks gestation so low as to effectively prohibit access to abortion services as is the case with the bill before us.

If this bill ever were to become law, it would not survive a constitutional challenge even to its facial validity. A similar 20-week provision enacted by the Utah legislature was struck down years ago as unconstitutional by the United States Court of Appeals for the 10th Circuit because it ''unduly burden[ed] a woman's right to choose to abort a nonviable fetus.'' Jane L. v. Bangerter, 102 F.3d 1112, 1118 (10th Cir. 1996). And just last month, the Ninth Circuit struck down a 20 week ban on the ground that the U.S. Supreme Court has been ''unalterably clear'' that ''a woman has a constitutional right to choose to terminate her pregnancy before the fetus is viable.'' Isaacson v. Horne,__F.3d__, No. 12–16670,2013 WL 2160171, at *1 (9th Cir. May 21, 2013).

Madam Speaker, the constitutionally protected right to privacy encompasses the right of women to choose to terminate a pregnancy before viability, and even later where continuing to term poses a threat to her health and safety. This right of privacy was hard won and must be preserved inviolate. For this reason, I offered an amendment before the Rules Committee that would ensure that the legislation before us is to be interpreted to abridge this right. The Jackson Lee Amendment #2 provided:

Sec. 4. Rule of Construction. Nothing in this Act shall be construed or interpreted to limit the right of privacy guaranteed and protected by the United States Constitution as interpreted by the United States Supreme Court in the cases of Griswold v. Connecticut, 381 U.S. 479 (1965); Eisenstadt v. Baird, 405 U.S. 438 (1972), and Roe v. Wade, 410 U.S. 113 (1973).

Regrettably, the Rules Committee did not make this amendment in order. Unregrettably, I strongly oppose H.R. 1797 and urge all members to join me in voting against this unwise measure that put the lives and health of women at risk.

[From Planned Parenthood Federation of America]

PROTECT ACCESS TO SAFE AND LEGAL ABORTION—REJECT THE NATIONWIDE 20-WEEK ABORTION BAN

The misleadingly named ''Pain-Capable Unborn Child Protection Act'', offered by Congressman Trent Franks (AZ), is a dangerous attempt to restrict women's access to safe and legal abortion. This bill would ban all abortions after 20 weeks with extremely limited exceptions. H.R. 1797 is clearly unconstitutional, and is a blatant attempt to challenge Roe v. Wade at the expense of the health of our nation's women. Abortion is a deeply personal medical decision that should be left to a woman and her family, with the counsel of her doctor or health care provider, not politicians.

The Franks 20-week abortion ban is dangerous for women's health.

Nearly 9 in 10 abortions in the United States occur in the first trimester.

Many women who have abortions after the first trimester do so because of medical complications or other barriers resulting in delays to accessing an abortion.

H.R. 1797 would further harm women in need by creating additional obstacles to receiving a safe and legal abortion. Women need support, not additional barriers, to obtaining timely, safe health care.

The Franks 20-week abortion ban lacks a reasonable exception for victims of rape and incest.

H.R. 1797 marginalizes the needs of women by only allowing a very narrow exception for life-saving abortions.

After the backlash against Trent Franks' ignorant comments about pregnancies resulting from rape, the House Majority snuck in an extremely limited exception allowing victims of rape or incest to access abortion at 20 weeks—but only if they can provide proof that they have alerted the police about the crime.

The Franks 20-week abortion ban is unconstitutional, and is a clear attempt to challenge Roe v. Wade.

20-week abortion bans are unconstitutional as they are in clear violation of the right to an abortion pre-viability, Supreme Court precedent set in Roe v. Wade and affirmed in Planned Parenthood v. Casey.

Proponents of these laws are outspoken in their goal to challenge the Roe v. Wade decision via 20-week abortion ban legislation.

Americans overwhelmingly support the Roe v. Wade Supreme Court decision. A January 2013 Wall Street Journal/NBC poll found that 70 percent of Americans support Roe v. Wade.

Leading medical groups agree that doctors, in consultation with women and their families, should make medical decisions. Not politicians.

Leading medical groups oppose political attempts to interfere with the doctor-patient relationship.

The American Congress of Obstetricians and Gynecologists opposes the 20-week abortion ban, calling it part of legislative proposals ''that are not based on sound science (and that) attempt to prescribe how physicians should care for their patients.''

The American Medical Association ''strongly condemn(s) any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient.''

Women don't turn to politicians for advice about mammograms, prenatal care, or cancer treatments. Politicians should not be involved in a woman's personal medical decisions about her pregnancy.

The Franks 20-week abortion ban is unconstitutional legislation that threatens the health of women in an effort to challenge longstanding, Supreme Court precedence regarding access to safe and legal abortion. This one-size-fits-all ban leaves women in potentially vulnerable and dangerous positions, and does nothing to protect women's health. Congress must reject these attempts to limit women's access to safe and legal health care.

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MAY 23, 2013.

16 NATIONAL RELIGIOUS GROUPS OPPOSE BAN ON ABORTION CARE AFTER 20 WEEKS

DEAR REPRESENTATIVE: We, the undersigned national religious groups, urge you to oppose H.R. 1797, the ''District of Columbia Pain-Capable Unborn Child Protection Act'' sponsored by Representative Trent Franks (R–AZ), which would create a nationwide ban on access to abortion care 20 weeks after fertilization, with no exceptions in cases of rape, incest or fetal anomalies. It explicitly bans later abortion care for a woman whose mental health would threaten her life or her health. We stand united across our faith traditions in opposing this extreme legislation.

Proponents of this bill have cited the Kermit Gosnell case as a reason to push this intrusive policy, but the fact is that the lack of access to safe and affordable abortion care is precisely the circumstance that drove women to an unscrupulous person like Gosnell, as it did to so many women before Roe v. Wade. The existence of his clinic is a ghastly warning sign of what happens when abortion is so restricted and expensive that a woman in need feels that she has nowhere else to turn.

A family with a wanted pregnancy that goes terribly wrong is confronted with awful decisions that none of us ever want to face. Our religious values call us to offer compassion, support, and respect to a woman and her family facing these difficult circumstances. H.R. 1797 will only make a challenging situation worse. When a woman needs an abortion, it is critically important that she have access to safe and legal care.

It is telling that Representative Franks, in a press release announcing that he would be expanding the focus of H41797 from the District of Columbia to a nationwide ban, does not make even a single reference to a woman, her family, or her situation.

Like all Americans, Rep. Franks is free to have and share his own religious beliefs about issues related to pregnancy and parenting. Liberty is an American value. However, H.R. 1797 is a clear attempt to impose one particular religious belief on the whole nation, and thus represents a gross violation of the freedom to which every American is entitled by the Constitution. The proper role of government in the United States is not to impose one set of religious views on everyone, but to protect each person's right and ability to make decisions according to their own beliefs and values.

We believe—and Americans, including people of faith, overwhelmingly agree—that the decision to end a pregnancy is best left to a woman in consultation with her family, her doctor, and her faith. Our laws should support and safeguard a woman's health—not deny access to care. Please show compassion for women and respect for religious liberty by opposing H.R. 1797.

In faith,

Anti-Defamation League; Catholics for Choice; Disciples Justice Action Network; Hadassah, The Women's Zionist Organization of America, Inc.; Jewish Council for Public Affairs; Methodist Federation for Social Action; Metropolitan Community Churches; Muslims for Progressive Values; National Council of Jewish Women; Religious Coalition for Reproductive Choice; Religious Institute; Union of Reform Judaism; Unitarian Universalist Association of Congregations; Unitarian Universalist Women's Federation; United Church of Christ; Justice and Witness Ministries.

Mrs. BLACKBURN. Madam Speaker, at this time, I yield 3 minutes to the gentlelady from Missouri (Mrs. HARTZLER).

Mrs. HARTZLER. We do a lot of things here in Washington and discuss many types of legislation, and sometimes the impact of what we do gets lost in the debate. Today, I want to remind my colleagues that this bill impacts people and why it's important.

There is an injustice occurring in our society.

One unborn baby who is 6 months along develops a medical condition. The doctor gives anesthesia in the womb to that baby because it can feel pain, and an operation is conducted to correct the problem so the baby can be brought to full term. Another unborn baby who is 6 months along, down the street at a clinic, does not receive anesthesia, and is ripped apart limb by limb by an abortionist, who crushes the skull to complete the abortion.

This is wrong.

I rise today in support of H.R. 1797, the Pain-Capable Unborn Child Protection Act, which would prohibit an abortion of an unborn child who has surpassed 20 weeks on the basis that children at this stage of development can feel pain. In light of the recent trial of Kermit Gosnell, we have seen firsthand the very gruesome nature of what is currently taking place in America's abortion industry—the reality that abortion involves not a choice but the taking of a human life. Late-term abortions are agonizingly painful, and they are happening all around the Nation.

A leading expert in fetal pain has said ''the human fetus possesses the ability to experience pain from 20 weeks of gestation . . .'' and that the pain felt by a fetus may be more intense than that perceived by full-term or older children. This pain is inflicted through a procedure known as D&E, in which the doctor literally tears apart the little body of the child after removing him from the womb and finally crushes the child's skull.

Science and the American public are united on this issue. This gruesome practice has no place in our society. In fact, a recent poll found 63 percent of women believe abortion should not be permitted where substantial medical evidence says that the unborn child can feel pain. There is also a risk to the mother.

Drawing a line at 20 weeks is not arbitrary. The child suffers great pain, and the mother is placed drastically in danger. A woman seeking an abortion at 20 weeks is 35 times more likely to die from abortion than she was in the first trimester. At 21 weeks or more, the chance of death is 91 times higher. Jennifer Morbelli was the recent victim of such a dangerous abortion procedure, at 33 weeks, in Maryland. This abortion was done in a residential condominium complex in Baltimore last February—a tragic end to a young mother and an agonizing death for her child.

As a society, it is time to speak out for those who cannot speak for themselves and to stop this heinous practice.

PARLIAMENTARY INQUIRY

Ms. BROWNLEY of California. Madam Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentlewoman will state her inquiry.

Ms. BROWNLEY of California. When will the House consider legislation to address the veterans' —

The SPEAKER pro tempore. The gentlewoman has not stated a proper parliamentary inquiry.

Ms. LOFGREN. Madam Speaker, I yield 2 minutes to a much-valued member of the Judiciary Committee, the gentlelady from California, Congresswoman JUDY CHU.

Ms. CHU. Imagine a world in which the Federal Government actually prevents women from receiving the medical procedures that would save their lives. Innocent, law-abiding Americans—young and old—would live or die by government decree.

If you think this is some kind of Orwellian fantasy, think again, and take a good look at the abortion bill being pushed by Republicans today. With only a narrow exception to protect life but not the woman's health, it could

very well be a death sentence to countless women in the most desperate of circumstances.

□ 1730

This bill is a blatant attack on a woman's right to choose, and the people who will pay the most will be those who are most in need of help.

I urge my colleagues to vote ''no'' on this nationwide 20-week abortion-ban bill, and I call on the Republican Party to stop pushing bills that endanger American women.

Mrs. BLACKBURN. Madam Speaker, at this time I yield 1 minute to the gentleman from Louisiana (Mr. SCALISE), who chairs the Republican Study Committee.

Mr. SCALISE. I thank the gentlewoman from Tennessee for yielding.

Madam Speaker, I rise proudly in support of life and in strong support of H.R. 1797, the Pain-Capable Unborn Child Protection Act.

Scientific studies have proven that babies can feel pain as early as 20 weeks after conception, and passage of this bill is a major step forward in the defense of life.

The Gosnell murder trial refocused Americans on the horrors of late-term abortion, and the Pain-Capable Unborn Child Protection Act sends a loud message that our great Nation stands up in defense of life.

I'm proud that Americans United for Life ranked Louisiana as the number one pro-life State in the Nation. I have an example of that. If a woman who is pregnant is murdered in Louisiana, not only is the murderer charged with the murder of the mother, but also for the murder of the unborn child. I think it's a proud day that we're here standing up in defense of those babies after 20 weeks saying this country will not allow those babies' lives to be terminated.

I proudly support this legislation, and I urge my colleagues to support it, as well.

Ms. LOFGREN. Madam Speaker, may I inquire as to how much time remains.

The SPEAKER pro tempore. The gentlewoman from California has 14¼ minutes remaining, and the gentlewoman from Tennessee has 9 minutes remaining.

Ms. LOFGREN. Madam Speaker, I yield 2 minutes to another member of the Judiciary Committee, Mr. DEUTCH of Florida.

Mr. DEUTCH. I thank my friend from California.

Madam Speaker, today I want to give voice to real women and girls who sought abortions after 20 weeks.

The sad truth is that for disenfranchised women, it often takes more than 20 weeks to overcome the roadblocks encountered on the path to what is a constitutionally protected procedure. They may struggle to pay for the procedure, risk losing their jobs if they request time off or lack full information about their bodies, having never received sex education or seen a gynecologist.

Each woman facing these decisions is unique. Their voices have gone unheard in this Chamber, but they are Americans who deserve laws that protect them. So before this vote, I wanted to share their stories.

Sandra and her husband had no car, no Internet, and no health care. It took them weeks to find an abortion provider. They had to save up for the procedure for time off of work, for child care for their kids, for the 80-mile taxi ride from Clewiston, Florida, to West Palm Beach. By that time, the facility they found could not help her. They had to start over and save up even more, take even more time off to see a Fort Lauderdale doctor who could help them.

At 17, Helga was in a witness protection program. She was raped as a child and later bore a daughter who was later taken in by protective services. After leaving drug treatment in Florida, Helga was 20 weeks pregnant, but she wanted a chance to put that path behind her. It was only the compassion and generosity of her abortion provider, her doctor, who gave her that chance. Today she's taking care of herself and reconnecting with her daughter.

At 13, Michelle often had irregular periods. Yet when she skipped two, thought she had one and skipped another, she got scared and told her mom. She didn't know she was pregnant. Her disabled mother was barely able to feed Michelle and her four siblings as it was. So Michelle and her mother agreed that Michelle needed to have an abortion. But this whole process took time. Finally at 22 weeks, Michelle and her mom secured an abortion with a provider, a doctor who could assume the costs.

I ask my colleagues to please answer these women with compassion and vote down this bill.

Mrs. BLACKBURN. Madam Speaker, at this time, I yield 2 minutes to the gentlewoman from South Dakota (Mrs. NOEM).

Mrs. NOEM. Madam Speaker, a few moments ago we heard the minority leader here on the floor say that we needed to be about doing serious work, that we needed to deal with bills that dealt with jobs and the economy that the American people cared about.

Well, Americans support ending late-term abortions. Just look at the graphic that we have up here that says 64 percent of Americans believe abortion should not be permitted in the second 3 months of pregnancy; 80 percent of Americans believe abortion should not be permitted in the last 3 months of pregnancy.

Americans recognize that H.R. 1797, the Pain-Capable Unborn Child Protection Act, needs to be passed, and it needs to be done because it is the right thing to do. I've always been pro-life. I believe as a lawmaker I have a duty to protect those that are the most vulnerable.

Recently, we've seen atrocities committed in this country against unborn babies, babies that were born alive, atrocities against these babies and their mothers. The details of that trial only highlight the need for us to protect women and to protect these babies from people like Gosnell and prevent crimes like this from ever happening again.

This bill stops abortions after the 20th week of pregnancy, right after the 6th month. Scientific evidence shows that babies can feel pain at this point of the pregnancy. We're talking about babies that if they were born and simply given a chance, that they could survive outside of the womb. They just need a chance.

The topic of abortion is very personal for many around the country. It stirs emotions on both sides. If we disagree on this issue, I hope we can do it respectfully. Unfortunately, I don't find a lot of the rhetoric that I've heard today very respectful. They've said there's a war on women. Madam Speaker, I am not waging a war on anyone. I'm not waging a war on my two daughters or any other woman in this country.

Regardless of your personal belief, I would hope that stopping atrocities against little babies is something that we can all agree to put an end to. This legislation would do exactly that.

I encourage my colleagues to support its passage.

PARLIAMENTARY INQUIRY

Mr. ISRAEL. I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. ISRAEL. Madam Speaker, under House practice and procedure, is it not customary for someone on the committee of jurisdiction to manage time on the floor, or is it because the Republicans have no women on the House Judiciary Committee that the gentlewoman from Tennessee manages the time on the floor?

The SPEAKER pro tempore. The gentleman from New York has not stated a proper parliamentary inquiry and is instead engaging in debate. The gentleman has not been recognized for debate.

The gentlewoman from California is recognized.

Ms. LOFGREN. Madam Speaker, I am pleased to yield 1½ minutes to a member of the Judiciary Committee from New York, an excellent lawyer and a new Member of the House, Representative HAKEEM JEFFRIES.

Mr. JEFFRIES. This bill is a violent assault on reproductive rights here in America and an unnecessary intrusion into the doctor-patient relationship. It is a continuation of the Republican war against women and an unconstitutional effort to repeal a 40-year Supreme Court decision. It is dead on arrival in the Senate. The White House and the President will veto it. A majority of the Supreme Court will declare it unconstitutional.

So why are we here wasting the time and the money of the American people

on a futile and extreme legislative joyride?

This is not Barry Goldwater conservatism. This is not even Ronald Reagan conservatism. This is conservatism gone wild. We can only hope for the good of the country that our friends on the other side of the aisle can get the extremism out of their system today so that we can return to the business of the American people tomorrow.

I urge a ''no'' vote.

Mrs. BLACKBURN. Madam Speaker, at this time, I yield 1 minute to the gentleman from Nebraska (Mr. FORTENBERRY).

Mr. FORTENBERRY. Madam Speaker, there is something especially disturbing about the cruel violence that accompanies the termination of unborn children who, as evidence shows, could survive if they were just given the chance.

This debate is not some waste of time. This is not some exercise in extremism. The fact that we are having this debate at all demonstrates that our society is actually failing women, and our culture is very deeply conflicted. There is something very dark about the topic of late abortion.

□ 1740

It is uncomfortable to enter into this conversation, but we must.

During the past several decades, the marvels of science, Madam Speaker, have opened up a window to show us life in the womb, which the prophets of old, by the way, tell us is sacred. The images of children developing week by week, month by month, speak to us more eloquently than any words can.

Madam Speaker, there are some lines that we should all agree should be drawn. I think we are capable—I hope we are capable—of agreeing that a child in the womb deserves that protection.

Ms. LOFGREN. Madam Speaker, I am honored to yield 2 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. I thank the gentlewoman from California for yielding to me.

Anti-choice groups tried and failed to use D.C. to nullify Roe v. Wade just last year. They are now using a single criminal case in Philadelphia to go after the reproductive health of all the Nation's women. We will defeat this bill, too, with its bogus science, manmade myths about rape in a bill reported to the floor by an all-male majority of the Judiciary Committee. They are already losing ground; witness the changes forced on them in the language of the bill and the stripping of the rightful manager of the bill.

This bill is part of a parade of 20-week abortion bills moving through conservative States. None will succeed. They will not succeed not only because they are clearly unconstitutional, but because women won't have it. This bill goes down the same road that helped women elect Barack Obama as President of the United States. In the end, whatever happens here today, women will win.

Mrs. BLACKBURN. Madam Speaker, at this time, I yield 2 minutes to the chairman of the Republican Women's Policy Committee, the gentlewoman from North Carolina (Mrs. ELLMERS).

Mrs. ELLMERS. Madam Speaker, I thank my esteemed colleague for handling the time here on the floor in this very important issue.

Madam Speaker, I rise today in support of H.R. 1797, an important bill that will protect women and unborn children. This legislation is supported by reliable scientific research that shows that an unborn child at 20 weeks' gestation can feel pain. Coupled with the now-known dangerous acts of an abortionist like Kermit Gosnell, it is clear that Congress must act.

We can all agree that a woman facing an unexpected pregnancy can be in a crisis situation, not knowing what she should do or what choices she can make. That is why it is vital to put into place protections for women and ensure that people like Kermit Gosnell can never harm again.

We have a duty to protect American women and the unborn children of this country from harm. I urge my colleagues to vote for this important bill and support H.R. 1797.

Ms. LOFGREN. Madam Speaker, I am honored to yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE), a leader for women's health.

Ms. DEGETTE. Madam Speaker, at a time when Americans want their elected officials to focus on jobs and building our economy, here we are again focusing our efforts on limiting a woman's ability to make her own health care decisions.

As I have heard time and time again from women across this Nation, women don't want politicians imposing their extreme beliefs on them when they're making tough decisions. I keep hearing about polls from my colleagues on the other side of the aisle. Well, here's a poll. We just heard about it today. Congress' popularity is at an all-time low of 10 percent, and bills like this are exactly why.

Last session we wasted a lot of the American people's time debating and voting on legislation designed solely to take a woman's health care decision out of her hands and that of her doctor and instead to allow politicians to step in and substitute their judgment. Now, this time it did take the majority 6 months of the new session, but here we go again, right back down that same rabbit hole.

Today, we're voting on another extreme policy that's dangerous to women's health, interferes with the doctor-patient relationship, and is also patently unconstitutional. As introduced, the bill provided no exceptions for victims of rape and incest; but last week, after some of us pointed that out, the bill's sponsors maneuvered to add an attempted exception for rape and incest victims. But even this latest attempt is deeply offensive.

The bill now requires a woman to prove that she had reported the rape to authorities in order to have access to a legal medical procedure. Let me say that again: a woman would now have to prove she actually reported the rape to obtain a necessary medical procedure, making her into a two-time victim.

This kind of logic demonstrates a callous, almost willful ignorance towards the health needs of women across the Nation, and it shows how the proponents have no respect for women's ability to make their own decisions.

Vote ''no'' on this ill-conceived bill.

Mrs. BLACKBURN. Madam Speaker, I would like to ask how much time is remaining on each side?

The SPEAKER pro tempore. The gentlewoman from Tennessee has 5 minutes remaining, and the gentlewoman from California has 7 minutes remaining.

Mrs. BLACKBURN. At this time, I reserve the balance of my time.

Ms. LOFGREN. Madam Speaker, I am delighted to yield 2 minutes to the gentlewoman from California (Mrs. CAPPS), a nurse and valued member of our delegation.

Mrs. CAPPS. Madam Speaker, I thank my colleague from California for her leadership in opposing this unconstitutional and cruel bill. I rise in strong opposition to it.

This legislation ignores the very real medical challenges that are faced by so many women, erecting barriers to women who are trying desperately to access medical care, who are making some of the most personal and difficult choices and decisions. This is a cold-hearted political maneuver that is being played out upon this House floor today.

Women need the confidence to be able to make these difficult decisions in consult with their doctors, with their families, with their spiritual advisors. Politicians have no place in that equation.

If we really wanted to protect life, let's support efforts to reduce unintended pregnancies, improve maternal health, improve funding for WIC, for early child care, for support for women and families who are raising children in the most difficult circumstances. Let us trust women to make decisions that are right for them. And let us show a little compassion instead of offering condescending lectures, as the other side did last month to a very courageous witness who shared her life story.

It is long past time that this Congress learn to trust women to make their own decisions.

Mrs. BLACKBURN. At this time, I would continue to reserve the balance of my time.

Ms. LOFGREN. Madam Speaker, I am pleased to yield 2 minutes to the gentleman from Massachusetts (Mr. KEATING), a former prosecutor and valued Member of our Congress.

Mr. KEATING. Madam Speaker, for 12 years, I've worked with victims of rape and incest. And for those of you who think you're carving out an exception for rape and incest, you're not.

□ 1750

If you were truly carving out an exception, you wouldn't be making it contingent on things that silence victims, things they have no control over, like being traumatized, like being threatened with your life if you talked, like not knowing the law because you're a minor and a victim of statutory rape. These are reasons why more than half the rapes are never reported.

As a district attorney, I've had cases where the victims didn't even report; yet we were able to convict the perpetrators with other evidence. Reporting wasn't even necessary to convict criminals; but in this bill, it's necessary for a crime victim to exercise their constitutional right to privacy.

Fundamentally, those who support the language in this bill don't understand that rape and incest are crimes. These are crimes of violence, crimes that you bring penalties to the perpetrator. This bill brings penalties to the victim.

Mrs. BLACKBURN. Madam Speaker, I continue to reserve the balance of my time.

Ms. LOFGREN. I wonder if the gentlelady has additional speakers, because I would reserve. We have no additional speakers at this time, and if she has additional speakers, she can call them, then we will both wrap up.

Mrs. BLACKBURN. Madam Speaker, we have no additional speakers. If you want to complete, then I will close.

The SPEAKER pro tempore. The gentlelady from California has 4 minutes remaining, and the gentlelady from Tennessee has 5 minutes remaining.

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

I think this is, in many ways, a very sad day for this House. As we know, last week there was an uproar in the country relative to a statement that few women become pregnant from rape. That, of course, is not correct. There's no science to support that.

And of course, this week, we have a bill that's been altered to add a very limited exception for rape and incest that would be available only if the victim has reported the crime to the authorities.

And of course, as our last speaker has indicated, this actually makes the situation for the victim of violence, a victim of rape more onerous than for the perpetrators of the violence, something that I think is really quite wrong.

The bill attacks the rights of women, guaranteed by our Constitution, to seek a safe, legal procedure when they need it.

I have two children. I was thrilled when I became pregnant. Most women are thrilled and look forward to a safe childbirth. But for some, pregnancy can be dangerous, and the restrictions that are imposed in this bill that do not have adequate health exceptions can endanger these women.

At the subcommittee, we heard from a witness, a professor at George Washington University, Ms. Christy Zink, about her story. She courageously told her story of seeking abortion care after her much-wanted pregnancy was diagnosed with severe fetal anomalies at the 21st week; in fact, an anomaly that would mean that the much-wanted child would not survive and that, in fact, her health could be compromised had she proceeded.

Under this bill, she would not have the opportunity to preserve her own health. She would be required to carry a nonviable fetus to term, and I just think that's wrong. I don't think that's something that the country is asking the Congress to do.

The idea that the exception for incest only applies to those under 18 is another mystery. If a girl is molested and raped by her father at age 18, is she less worthy of the protection of her health and the right to get abortion care than her sister at age 17? I think not. It simply makes no sense at all for that provision.

I'd like to comment also briefly on the repeated discussion of Dr. Kermit Gosnell. He is a monster. There's no one that I have heard in this Congress or in this country who defends what Dr. Gosnell did. In fact, he's in prison, serving a double life sentence for murder.

What he did was illegal, in addition to being abhorrent in every way. We don't need to change the law to put someone like Dr. Gosnell behind bars. In fact, he's behind bars right now.

I think that the use of this case as a rationale for denying American women health care that they may need is terribly wrong. I would urge a ''no'' vote on the bill.

I yield back the balance of my time.

Mrs. BLACKBURN. Madam Speaker, I yield myself such time as I may consume.

This has been an interesting debate, and I have to tell you, we have heard every descriptive adjective that there can possibly be coming from the negative of why our colleagues on the other side of the aisle think that this debate is inappropriate.

I do think that some of the most interesting has been the parliamentary inquiries to ask about what we're doing about jobs and student loans and veterans. And I have to tell you all, I agree. This Obama economy has been brutal to especially women and the female workforce; and, indeed, we would love to see our colleagues in the Senate and the administration work with us on those issues.

But let me refocus us on why we are here. We are here because it is imperative that we take an action, and that we address these Gosnell-like abortions. We have stood on the floor today, and we have talked about what transpired with the conviction of Kermit Gosnell in Philadelphia, 21 felony counts, performing illegal abortions beyond the 24-week limit, manslaughter for the death of a woman seeking an abortion at his clinic, three counts of killing babies born alive, and dozens of other heinous crimes.

We have heard about how the necks are snipped, the heads are punctured. We even heard the statement from his attorney who said 16 to 17 weeks should be the limit.

We are going at 20 weeks. We have heard of other atrocities, whether they are the Carpin case in Texas, the case in New Mexico. Nurses, pro-choice nurses out in Delaware recently quit their jobs at a big abortion business to save their medical licenses. They said the clinic was, I'm quoting them, ''ridiculously unsafe, where meat-market style, assembly-line abortions were happening.''

Another abortionist, Leroy Carhart, recently stated he's performed more than 20,000 abortions on babies after 24 weeks gestation, and he's perfectly happy to do elective abortions on babies at 7 months gestation.

We know that at 8 weeks babies feel pain. When they have these prenatal surgeries, we know that they're given anesthesia. We know they respond to pain, and we know these late-term abortions are incredibly, incredibly painful.

So that is why we stand today. We want parity for these babies, for these unborn children. We can see them. We have seen some of the ultrasounds. And you know what is so amazing? When you see these ultrasounds, and when people are waiting for the arrival of these precious children, they go ahead, they name them. They're expecting them. They are waiting for them. And they know that these children feel pain when they are harmed.

□ 1800

Science tells us so. The American public is with us on this. Sixty-four percent of all women think abortions should be eliminated when these unborn babies feel pain. Out of all Americans, 60 percent—60 percent—this is a Gallup/USA Today poll. Sixty percent says second-trimester abortions should be eliminated. Eighty percent say third-trimester abortions should be eliminated.

So for those reasons, that is why we stand here today. To support these women and these unborn children, to end these atrocities, to stand together, to make certain that that first guarantee, the guarantee to life—the guarantee to life—so that you can pursue liberty and enter into the pursuit of happiness, that is why we stand here today.

Madam Speaker, I've been honored to work with my colleagues. I know some don't like the fact that a former Judiciary Committee member has come to the floor to handle this bill. I've been so honored to be joined by so many

pro-life women as we have discussed this issue, as we have come together to stand for this.

I yield back the balance of my time.

Mr. PASCRELL. Madam Speaker, I rise today in opposition to H.R. 1797, the Pain Capable Unborn Child Protection Act.

As Members of Congress, we should not reach into the private lives of our constituents with decisions that are this personal. We are not qualified to make complex medical decisions, and the government is certainly not in the position to interfere in the doctor-patient relationship. But that is exactly what this bill would do by increasing medical liability for doctors, and criminalizing procedures that are safe and legal.

A woman should be able to make decisions about her health in consultation with her family, her individual faith and health professionals. Restricting access to safe abortions is clearly not the answer. With the continued economic challenges facing this country, we should be focused on getting Americans back to work, not preventing women from making choices that are best for their families and their health.

Throughout my years in Congress, I have been against any government funding of abortion, and I believe that some guidelines are important and reasonable. However, this bill clearly goes over the line and serves not to protect the health of women and children, but rather as a direct challenge to the Supreme Court decision in Roe v Wade.

I strongly urge my colleagues to vote no on this bill.

Mr. CICILLINE. Madam Speaker, today's vote on H.R. 1797 marks the 10th time since 2011 that House Republicans have held a vote to restrict women's health care options, and as a result endanger the health and well-being of women all across this country.

In the last six months, the House has failed to enact a single jobs bill into law. This is unconscionable—especially at a time that families across our country are still struggling just to make ends meet, and so many Americans are still out of work.

And yet, here we stand, not discussing ways that Republicans and Democrats can work together to get our economy moving again, but instead we're relitigating the culture wars and actually voting on a bill that would allow Washington politicians to make medical decisions that should be made between women and their doctors.

As the Obama Administration has said, this bill is nothing short of an ''assault on a woman's right to choose.''

H.R. 1797 subverts Roe v. Wade and uses pseudoscience to tell women that they're not allowed to make their own health care decisions after the 20th week of a pregnancy.

Madam Speaker, rather than using political wedge issues to score points with their electoral base, Republicans should be working with Democrats to put men and women across our country back to work and start growing the economy again.

In the strongest terms possible, I urge my colleagues to oppose this extreme proposal.

Mr. FARR. Madam Speaker, there are so many reasons why my colleagues should reject H.R. 1797, the misnamed Pain-Capable Unborn Child Protection Act.

I am sure my Democratic colleagues that oppose the bill will be able to speak to many of those reasons, but I want to focus on an issue that will shock the American people, once they find out what this bill really does.

The Pain-Capable Unborn Child Protection Act will force, let me repeat that, force a woman to carry an unviable fetus to full term and delivery. Even when doctors agree that it is impossible for the fetus to survive outside the womb, if it is over 20 weeks, if H.R. 1797 passes, it will have to be carried to full term and delivered. By making the woman carry this fetus to full term and deliver it even though it will never survive, we are adding to the unimaginable pain of having a child that will not survive outside the womb. Instead of being allowed to grieve for months, this legislation would only prolong the inevitable heartbreak she will experience. The Republican majority may be completely fine with subjecting women to repeated and unnecessary heartbreak, but I am not!

Not to mention the unnecessary pain and physical discomfort throughout the pregnancy for the woman. She is forced to go through all the trials of a normal pregnancy and the tremendous pain of childbirth, just so the Republican Majority can once again intrude into the lives of women and impose their will on them. This should be a private, personal decision between the woman and her doctor.

Madam Speaker, H.R. 1797 is simply outrageous. No one should be able to force a woman to carry an unviable fetus to term and then deliver it against her will. This bill has so many provisions that are just a continuation of the Republicans War on Women. And they claim there is no war on women. How can they say that when they try to pass bills like this?

Ms. BORDALLO. Madam Speaker, I rise today in support of H.R. 1797, the Pain-Capable Child Protection Act. This bill takes important steps to protecting the most vulnerable in our society—unborn children—by placing a federal ban on abortions after 20 weeks from conception. This ban would be an important first step in restoring respect for life in our nation.

I believe that H.R. 1797 strikes the right balance as it allows for exceptions in cases of child–incest, rape, or when a mother's life is in danger, but it also requires that mothers report any instances of abuse to law enforcement prior to seeking an abortion. While many would argue that this provision is too narrowly written, I believe that it is better than the present unrestricted and unaccountable legal system that makes it far too easy to get an abortion.

I support H.R. 1797 and its intent in ensuring that the most vulnerable in our society are protected and given the opportunity for life. I encourage my colleagues to vote ''yes'' on this bill.

Mr. HENSARLING. Madam Speaker, as humans and as a people, we have no greater responsibility than to care for the vulnerable—to be a voice for those who cannot speak for themselves and a defender of those who cannot fight for themselves.

I, like all Americans, was disgusted to learn of the horrific and illegal abortion procedures performed by Kermit Gosnell. Gosnell preyed upon women who trusted him in their most vulnerable moments and systematically murdered children at their most helpless stage. We must protect women from these atrocious and unsafe abortions, and we must save children from these excruciating deaths.

In the grand jury report on the Gosnell trial, a neonatal expert reported that the cutting of a baby's spinal cord during a late-term abortion causes them, 'a tremendous amount of pain.' Furthermore, according to a report by fetal pain expert Dr. Kanwaljeet S. Anand, 'the human fetus possesses the ability to experience pain from 20 weeks of gestation, if not earlier, and the pain perceived by a fetus is possibly more intense than that perceived by term newborns or older children.'

By banning abortion after 20 weeks, today's bill will save the lives of innocent children from enduring the excruciatingly painful death of a late abortion.

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

As modern science advances, we are gaining a better understanding of childhood development from conception to birth. While decades ago doctors believed a pre-natal child's central nervous system was too under-developed to experience pain, scientists are now finding that by 20 weeks after conception babies have an ''increase in stress hormones in response to painful experiences.'' In essence, by month 5, children can experience pain.

Many of the abortions conducted by Dr. Gosnell were near and even after the 20th week where the child could feel the pain of what was being done. I stand by the millions of Americans who are deeply shocked and emotionally horrified by the actions of Dr. Kermit Gosnell—the crimes for which he was convicted are too many to mention and too disturbing to describe.

While our hearts go out to Dr. Gosnell's victims, we must also act to prevent future Gosnell's from having the ease and opportunity to perform abortions as he did. That is why I support The Pain-Capable Unborn Child Protection Act. This bill provides national protection to unborn children who are capable of feeling pain by penalizing any doctor who provides a Gosnell-style abortion with up to 5 years in prison and/or up to a $250,000 fine.

Dr. Gosnell's trial and new scientific evidence around pre-natal childhood development has compelled us to re-examine how late-term abortions are conducted and the impact on the unborn child. This legislation will help further reduce the pain and anguish that abortions can cause.

Mr. STUTZMAN. Madam Speaker, I rise in strong support for H.R. 1797, legislation that will protect the most vulnerable members of society.

The womb should be the safest place in the world for the most weakest among us.

Sadly, it is not.

The heart-wrenching case of Kermit Gosnell showed why. The Gosnell case exposed the abortion industry's lies and showed that abortion is anything but safe and it certainly isn't rare.

Kermit Gosnell murdered newborn babies. He jabbed scissors into the necks of newborn babies. He severed their spines. And he stuffed their bodies into freezers. Now that a Pennsylvania jury delivered their verdict, we here in the House, acting on behalf of the American people, must render our verdict on abortion's grizzly truth.

Kermit Gosnell's barbaric crimes shock the conscience of civilized people across this country. However, there is absolutely no moral distinction between ending a baby's life five seconds after birth or five weeks before.

Madam Speaker, despite all the euphemisms and bumper-sticker slogans we've heard from the other side of the aisle, the issue at hand is clear: abortion businesses like Planned Parenthood regularly perform abortions on unborn babies who, like Gosnell's victims, are capable of feeling pain.

Kermit Gosnell brought us face to face with abortion's ugly truth. The American people cannot turn their back on that truth now.

Gosnell, just like late-term abortionists across this country, sold lies to young women. Madam Speaker, my heart breaks for these women. These are young women who find themselves in a seemingly impossible situation. They're young women like my mother.

Madam Speaker, on a December night in 1975, my 17-year old mother discovered she was pregnant with her first child. That night, alone and terrified, she decided to find a way to make the 40 mile trip to Kalamazoo, Michigan, to ''take care of her situation.'' If she had, Madam Speaker, I wouldn't be standing here on the House floor today.

Just a few months ago, my mom shared her story with me. After we cried together, I had to think ''what if there had been a 'Gosnell' clinic four miles away instead of 40?''

Madam Speaker, I can't imagine how scared my mom must have been and how alone she felt. So many women find themselves in a similar situation and so many are told lies by the abortion industry.

Since 1973, more than 55 million inno ent babies have been killed because of Big Abortion's lies. Madam Speaker, my mother had the courage to reject these lies. Today, here in Congress, we have to ask ourselves if we do too.

Let's outlaw these Gosnell-style abortions. Let's stand up for those who cannot speak for themselves and end barbaric procedures that have no business here in the civilized world.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in opposition to H.R. 1797, the ''Pain-Capable Unborn Child Protection Act.'' This bill represents a new line of attack on women's reproductive rights. It would criminalize abortions twenty weeks after fertilization, limiting women's ability to make their own choices about their pregnancies and their lives.

I am not pro-abortion, but I am pro-choice. The Constitution guarantees all of us a right to privacy and freedom of religion. A woman must be free to make the difficult decision about the future of her pregnancy in conjunction with her family, religious advisers, and health care professionals.

The narrow exceptions to this blanket ban on abortions after twenty weeks are insufficient to guarantee women's health and safety. They do not change the fact that this bill would deny women the care they need, even in emergencies or in the case of unreported sexual assault.

H.R. 1797 is a direct challenge to Roe. v. Wade, and would significantly erode women's freedom and right to individual choice. I strongly believe that protecting women's rights and guaranteeing women's safety must be our priority. I urge my colleagues to oppose H.R. 1797 and support women's right to choose.

Mr. GOODLATTE. Madam Speaker, I would like to submit the following:

HOUSE OF REPRESENTATIVES, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, June 14, 2013.

Hon. BOB GOODLATTE,
Chairman, Committee on the Judiciary, Washington, DC.

DEAR MR. CHAIRMAN: I am writing concerning H.R. 1797, the ''District of Columbia Pain-Capable Unborn Child Protection Act,'' which your Committee reported on June 12, 2013.

H.R. 1797 contains provisions within the Committee on Oversight and Government Reform's Rule X jurisdiction. As a result of your having consulted with the Committee and in order to expedite this bill for floor consideration, the Committee on Oversight and Government Reform will forego action on the bill. This is being done on the basis of our mutual understanding that doing so will in no way diminish or alter the jurisdiction of the Committee on Oversight and Government Reform with respect to the appointment of conferees, or to any future jurisdictional claim over the subject matters contained in the bill or similar legislation.

I would appreciate your response to this letter confirming this understanding, and would request that you include a copy of this letter and your response in the Committee Report and in the Congressional Record during the floor consideration of this bill. Thank you in advance for your cooperation.

Sincerely,

DARRELL ISSA,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, June 17, 2013.

Hon. DARRELL ISSA,
Chairman, Committee on Oversight and Government Reform, Washington, DC.

DEAR CHAIRMAN ISSA: Thank you for your June 14 letter regarding H.R. 1797, the ''Pain-Capable Unborn Child Protection Act,'' which the Judiciary Committee ordered reported favorably to the House, as amended, on June 12, 2013.

I am most appreciative of your decision to forego consideration of H.R. 1797, as amended, so that it may move expeditiously to the House floor. I acknowledge that although you are waiving formal consideration of the bill, the Committee on Oversight and Government Reform is in no way waiving its jurisdiction over the subject matter contained in the bill. In addition, if a conference is necessary on this legislation, I will support any request that your committee be represented therein.

Finally, I am pleased to include this letter and your June 14 letter in the Congressional Record during floor consideration of H.R. 1797.

Sincerely,

BOB GOODLATTE,
Chairman.

Mr. HOLT. Madam Speaker, I rise today in strong opposition to H.R. 1797, which would violate the constitutional rights of every woman in America.

Why is the majority proposing a bill that treats women as second-class citizens? A female constituent in Trenton wrote to me and asked,

Why is it that any person, feels entitled to make a personal decision of this magnitude his business? How in any way is he qualified to make any decisions about my future, my body, my children? The Congress and Senate are spouting politics in what is completely personal matters. I do so heartily wish that Congress would spend our tax dollars on legitimate affairs of state and country—not affairs that do not concern them in any way whatsoever.

But we're not spending our time on important issues of state and country, such as fostering job creation or helping middle class families afford college.

Instead, once again, the Majority is asking Congress to play doctor. This bill is an attempt to ban safe, legal, and often medically-necessary abortion services for women. It's unconstitutional, and it is a direct assault on the dignity and independence of each American woman.

Mr. GENE GREEN of Texas. Madam Speaker, I rise in strong opposition to the bill, H.R. 1797.

At a time of enduring economic troubles we should not bog down the House of Representatives with this type of legislation. I know my Republican colleagues are sincere in their pursuit to end abortions after 20 weeks and probably before 20 weeks too. We've heard their concerns, but they're just plain wrong.

The decision to have an abortion is a private one. It should be made by the patient, in consultation with her physician, her family, and faith leader, if she chooses. Congress has no place micromanaging the practice of medicine by deciding what medical procedures are appropriate and at what time. We should not be intruding on the privacy and medical decisions of individuals.

The right for a woman to make her own medical decisions has been rightfully upheld by our courts. Those of us in this chamber may not believe that abortion is moral or right and we are free to disagree with those who seek abortion. We have already stated numerous times that federal funds may not be used to provide the procedure.

But, we must end this pursuit to erode access to types of healthcare we do not like. It will drive women to much less safe alternatives and criminalize doctors who wish to provide a safe environment. We should not go back in time.

Instead, it is time for us to really tackle the issues that confront our country: growing our economy, achieving comprehensive immigration reform, and putting our Nation on the track for prosperity for years to come.

Mr. BLUMENAUER. Madam Speaker, here they go again.

Once more, the Republican controlled House is seeking to limit women's access to safe reproductive health care through this legislation, the ''Pain-Capable Unborn Child Protection Act.'' While it is couched in the language of protecting unborn fetuses from pain, this bill is nothing more than a poorly disguised effort to force women and their families to give up their constitutionally protected rights (so far). The bill is not going anywhere and it inflames an issue that is among the most sensitive.

Roe vs. Wade, which was decided 40 years ago, is the law of the land. But still we have to go through this annual charade as Republican leadership tries to force those of us who support women's control over their health and potential to have children in the future to take a ''hard vote.'' I am no political Pollyanna; I understand the politics behind this strategy. But let me say, unequivocally, that this is no ''hard vote'' for me.

It is not hard for me to stand with the millions of women who depend on access to

safe, legal abortion. It is not hard for me to vote against any bill that imposes the will of an intolerant, albeit vocal, minority on our mothers, sisters, and daughters. It is not hard for me to protect freedom of choice, because it is right and it is just.

We have real challenges to address as a country, and yet Republican leadership is choosing to focus its efforts on this bill that would trump women's health, override family decisions, and compromises the ability to decide when and if to start a family. It's a blatant attack on women and it's not hard for me to say that it is wrong.

Ms. SINEMA. Madam Speaker, I rise in opposition to this legislation. This bill places severe restrictions on a woman's ability to make personal health care decisions with her family and her doctor. Women and their families should be able to plan for their lives and their future free from the government's interference.

Instead of arguing over ideologically motivated bills, Congress should work to create jobs and support middle class families. Today's vote is a sad distraction from the work we should be doing together for the American people.

Instead of wasting taxpayers' dollars with a debate and vote on blatantly unconstitutional measures such as this, we should focus on bipartisan legislation to create jobs and restore our nation's fiscal health.

Madam Speaker, I urge my colleagues to oppose this legislation.

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

Pursuant to House Resolution 266, the previous question is ordered on the bill, as amended.

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.

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

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

Mrs. BLACKBURN. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 6 o'clock and 2 minutes p.m.), the House stood in recess.

□ 1815

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. ROS-LEHTINEN) at 6 o'clock and 15 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order: passage of H.R. 1797, and the motion to suspend the rules and pass H.R. 1896.

The first electronic vote will be conducted as a 15-minute vote. The remaining electronic vote will be conducted as a 5-minute vote.

PAIN-CAPABLE UNBORN CHILD PROTECTION ACT

The SPEAKER pro tempore. The unfinished business is the vote on passage of the bill (H.R. 1797) to amend title 18, United States Code, to protect pain-capable unborn children in the District of Columbia, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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

The vote was taken by electronic device, and there were—yeas 228, nays 196, not voting 10, as follows:

[Roll No. 251]

YEAS—228

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

NAYS—196

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

NOT VOTING—10

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

□ 1844

Messrs. HOLT and LANGEVIN, Ms. LINDA T. SÁNCHEZ of California and Ms. SCHWARTZ changed their vote from ''yea'' to ''nay.''

So the bill was passed.