

report from the Committee on Rules on the same day it is presented to the House is waived with respect to any resolution reported on the legislative day of September 24, 2015, or September 25, 2015.

#### PARLIAMENTARY INQUIRY

Mr. POLIS. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from Colorado will state his parliamentary inquiry.

Mr. POLIS. Mr. Speaker, does this amendment to the rule mean that Members of this body will have less than 24 hours to review any bill we consider next week?

The SPEAKER pro tempore. The Chair will not interpret the meaning of the pending proposition.

Mr. POLIS. Well, Mr. Speaker, I believe the meaning is very straightforward. That is exactly what it means.

The material previously referred to by Mr. POLIS is as follows:

AN AMENDMENT TO H. RES. 420 OFFERED BY  
MR. POLIS OF COLORADO

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

SEC. 4. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1031) to reauthorize the Export-Import Bank of the United States, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Financial Services. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 5. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 1031.

#### THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's

ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

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

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

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

Mr. COLLINS of Georgia. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the amendment and the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question on the amendment and on the resolution.

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

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

The yeas and nays were ordered.

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

PROVIDING FOR CONSIDERATION OF H.R. 3134, DEFUND PLANNED PARENTHOOD ACT OF 2015; PROVIDING FOR CONSIDERATION OF H.R. 3504, BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT; AND FOR OTHER PURPOSES

Ms. FOXX. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 421 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

#### H. RES. 421

*Resolved*, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3134) to provide for a moratorium on Federal funding to Planned Parenthood Federation of America, Inc. All points of order against consideration of the bill are waived. The amendment printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees; and (2) one motion to recommit with or without instructions.

SEC. 2. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3504) to amend title 18, United States Code, to prohibit a health care practitioner from failing to exercise the proper degree of care in the case of a child who survives an abortion or attempted abortion. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary or their respective designees; and (2) one motion to recommit.

SEC. 3. Upon passage of H.R. 3134 the House shall be considered to have: (1) stricken all after the enacting clause of S. 764 and inserted in lieu thereof the provisions of H.R. 3134, as passed by the House; and (2) passed the Senate bill as so amended.

SEC. 4. Upon passage of H.R. 3504 the House shall be considered to have: (1) stricken all after the enacting clause of S. 1603 and inserted in lieu thereof the provisions of H.R. 3504, as passed by the House; and (2) passed the Senate bill as so amended.

SEC. 5. House Resolution 408 is laid on the table.

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

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

#### GENERAL LEAVE

Ms. FOXX. Madam Speaker, I ask unanimous consent that all Members

have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Ms. FOXX. Madam Speaker, House Resolution 421 provides closed rules for consideration of H.R. 3134, the Defund Planned Parenthood Act, and H.R. 3504, the Born-Alive Abortion Survivors Protection Act.

Today, Madam Speaker, we provide for consideration of two vital pieces of legislation addressing one of the most important issues of our time.

On many previous occasions, my colleagues and I have spoken on the issue of abortion and the tragedy it is that unborn children are not safe and protected.

We are not here today, though, debating the policy of abortion on-demand. We are debating specific legislative reactions to horrific wrongs that have come to light: the deliberate dismemberment of unborn children to receive compensation for their organs and other body parts and the failure of abortion facilities to care for children born alive during failed abortions. Even some who support elective abortion agree that those practices are barbaric and must be stopped.

The horrific reality of these practices in the abortion industry have become clear over the past few months, as undercover videos have been released of Planned Parenthood's leaders and affiliates discussing painstakingly dismembering unborn children for compensation.

In these days of 3-D ultrasounds and high-definition screens, it is impossible to hide the humanity of these child victims. They have fingers and toes, heartbeats, and organs developed enough that tissue collectors will pay \$60 a specimen for them.

In light of the serious questions raised by these videos, the House Committees on Energy and Commerce, Judiciary, and Oversight and Government Reform have each launched investigations.

While Planned Parenthood does not receive direct Federal funding for abortions, these investigations are warranted, as a recent report from the Government Accountability Office shows that the organization receives an average of \$500 million taxpayer dollars each year for other lines of business. Money is fungible, and the Federal funds that Planned Parenthood receives ultimately subsidize their abortion services.

Given the serious allegations that have been raised about Planned Parenthood's abortion practices related to the procurement and sale of tissue and organs from aborted, unborn children, it is appropriate for Congress to pass H.R. 3134, the Defund Planned Parenthood Act, placing a 1-year moratorium on all Federal funds while Congress conducts its investigation.

No organization that performs divisive practices like abortion, particu-

larly in such a gruesome, profitable manner, should receive taxpayer dollars, and this legislation advances that principle.

In addition, the examples of Kermit Gosnell's convictions for murdering children born alive at his house of horrors and separate reports of unborn children may have been born alive or "intact" prior to being sold to tissue collectors have exposed the need for strengthening the Born-Alive Infants Protection Act.

The Born-Alive Infants Protection Act, which became law in 2002, extended critical legal protections to babies who are born alive after a failed abortion attempt. That bill passed the House Judiciary Committee with only two dissenting votes and was passed by the Senate by unanimous consent.

The legislation before us today, H.R. 3504, the Born-Alive Abortion Survivors Protection Act, goes one step further to protect these vulnerable lives by requiring healthcare practitioners present at the time of birth to administer professional skill, care, and diligence to preserve the life and health of the child.

This small, but important, step ensures the protection and preservation of precious, newborn life by providing for criminal penalties when that life is lost as a result of negligence.

These tiny, precious, vulnerable lives deserve the protection afforded all other persons under the law, and this bill ensures that their lives are protected.

□ 1330

Madam Speaker, I commend this rule and both the underlying bills to my colleagues for their support.

I reserve the balance of my time.

Mr. MCGOVERN. Madam Speaker, I want to thank the gentlewoman from North Carolina, my good friend, Dr. FOXX, for yielding me the customary 30 minutes.

I yield myself such time as I may consume.

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

Mr. MCGOVERN. Madam Speaker, I rise today in very strong opposition to H.R. 3134 and H.R. 3504 and in very strong opposition to the underlying closed rule.

Today, the House should be debating a bill to keep the government open before funding runs out at the end of the month. We have just 6 legislative days before there is a government shutdown—6 legislative days—and instead of tackling this, we are once again debating another Republican attack on women's health.

In 6 legislative days, the government might shut down; and I am worried because, judging from recent events within the Republican caucus, the right hand doesn't know what the extreme right hand is doing. They can't seem to get along with each other, and I am afraid yet there will be another catas-

trophe and everything will come to a halt, and the people that will suffer will be the people of this country whom we are supposed to represent.

Madam Speaker, in fact, the Republicans were in such a hurry to waste our time with this destructive legislation that one of the bills we are considering, H.R. 3504, had no hearings—not one, none—no markup, and this is the first time we are seeing the bill—and no amendments, by the way. Nobody can offer an amendment. It is totally closed.

Whatever happened to regular order? This process, Madam Speaker, stinks, and it is indefensible.

Of all the measures that have come before the Rules Committee, more than 75 percent have completely ignored regular order and were rushed to the floor without a legislative hearing and markup, denying the people's elected representatives the opportunity to hear the experts and speak up for their constituents. Well, when you look at the politically motivated legislation that regularly comes before this body, I guess it is easy to see why. This is not how the people's House is supposed to work.

Late last night, the Republican majority of the Rules Committee took another shortcut through a process called self-executing that let them slip an amendment offered by Mrs. ELLMERS into today's legislation to redirect funding away from Planned Parenthood facilities. Under regular order, this amendment would have required three waivers—three. It would require three waivers from the committee to be considered on the House floor.

On top of that, the Ellmers amendment would have also violated section 302(f) of the Congressional Budget Act, which prohibits the consideration of legislation that exceeds a committee's allocation of budget authority. But the Republican-controlled Rules Committee said: Who cares? We are in charge. We don't care about the rules. We don't want to be fair. We don't want to be open. We don't want to be transparent. We are in charge, and we can do whatever we want.

Madam Speaker, this is just another attempt by the House majority to shut out debate on important issues and ignore the House rules when it is convenient for them. During this Congress alone, 118 waivers have been granted; 115 of those waivers, 97 percent, have been for Republicans. Instead of the House Rules Committee, we should be known as the House Break-the-Rules Committee, because that is all the Rules Committee seems to do. It breaks rules, goes around rules, and tries all kinds of trickery to be able to force legislation to the floor that limits debate and doesn't allow Members to offer amendments.

This legislative process in this House has become a joke. It is shameful, and this is not serious legislating.

With one bill after another, Republicans have repeatedly hurt our country's most vulnerable families, and

these bills today are just the latest chapter. This is nothing new.

One of the first acts of the Republican House majority in 2011 was to drive us to the brink of a government shutdown over Planned Parenthood. In October 2013, Republicans did shut down the government by insisting on defunding the Affordable Care Act. Now, 2 years later, they are right back to threatening a Republican government shutdown over Planned Parenthood.

H.R. 3134, the so-called Defund Planned Parenthood Act of 2015, is a bad and a backward-thinking bill. In the 114th Congress, the House has already taken four anti-women's health votes and today sets the stage for us to take two additional votes to restrict women's access to women's health care. Incredibly, this is already twice the number of anti-women's health votes than at this same point in the 113th and 112th Congresses—and this Congress is not even half over.

In this Republican Congress, facts don't matter. We don't talk about facts. They are inconvenient and they are a nuisance—especially when they get in the way of their extremist political agenda.

The fact is that Planned Parenthood plays a critical role in protecting and providing access to critical health services for both women and men. One in five women has relied on a Planned Parenthood health center for care in her lifetime, and Planned Parenthood serves 2.7 million patients each year. One of the most important statistics that my Republican friends like to ignore is that more than 90 percent of what Planned Parenthood does nationally is preventive care, including cervical cancer screenings, breast cancer screenings, and family planning—not abortion services.

I just came from a luncheon a few minutes ago where we were honoring individuals who were leaders in the cancer prevention field, people who have advocated that it is important for all of us to be able to get checkups on a regular basis in order to prevent cancer; and here we are about to vote on a bill that, if the Republicans get their way, would limit and would eliminate access to lifesaving cancer screenings for countless individuals across this country.

What are you thinking? This is not the way we should be proceeding.

Add to this the fact that Planned Parenthood clinics are often one of the few affordable healthcare options available for many women—nearly 80 percent of women using Planned Parenthood clinics have incomes at or below 150 percent of poverty—and it is easy to see why a majority of Americans don't think Federal funding should be eliminated. In one recent poll, 63 percent of voters, including 72 percent of Independents, do not agree with my Republican friends that Federal funding for Planned Parenthood should be eliminated.

Madam Speaker, we have also heard very little from my friends on the other side of the aisle about the consequences that defunding for Planned Parenthood would have for families across the country. One of the biggest myths perpetrated by Republicans is the idea that our Nation's community health centers—which I love, adore, respect, and support—could somehow magically pick up the slack overnight if Planned Parenthood is defunded.

For the millions of low-income women who depend on Planned Parenthood clinics, this scenario would mean the loss of affordable and accessible contraceptive services and counseling, as well as breast and cervical cancer screenings and testing. The idea that our community health centers could, overnight, suddenly step up and cover millions of new patients is simply wrong and shows a fundamental misunderstanding by Republicans of how our country's healthcare system works.

In fact, the Guttmacher Institute recently found that, in 21 percent of counties with a Planned Parenthood health center, Planned Parenthood is the only safety net family planning provider. The report also states: "In two-thirds of the 491 counties in which they are located, Planned Parenthood health centers serve at least half of all women obtaining contraceptive care from safety net health centers. In one-fifth of the counties in which they are located, Planned Parenthood sites are the sole safety net family planning center."

This makes clear just how devastating it would be for these communities to recklessly cut funding for these vital health services for the people who need them most.

Everyone here in this Congress, every single one of us, with the snap of our fingers, can get health care; but with today's bills, Republicans seem to be saying that for families who are poor or who live in rural areas or where this is the only option for preventive care where they live are simply out of luck. Talk about cruel.

Madam Speaker, I have a recent article from the Health Affairs Blog, titled, "Planned Parenthood, Community Health Centers, and Women's Health: Getting the Facts Right." It says: "a claim that community health centers readily can absorb the loss of Planned Parenthood clinics amounts to a gross misrepresentation of what even the best community health centers in the country would be able to do were Planned Parenthood to lose over 40 percent of its operating revenues overnight as the result of a ban on Federal funding."

I will enter the full article into the RECORD.

[From Health Affairs Blog, Sept. 8, 2015]  
QUANTIFYING PLANNED PARENTHOOD'S CRITICAL ROLE IN MEETING THE NEED FOR PUBLICLY SUPPORTED CONTRACEPTIVE CARE

(By Jennifer Frost)

Over the past few months, legislative attempts to defund Planned Parenthood have

flared at both the federal and state levels; these moves are clearly an attempt to shutter Planned Parenthood health centers, potentially depriving women of the contraceptive services and counseling, sexually transmitted infection (STI) testing and treatment, and breast and cervical cancer screening that they provide.

Although proponents of closing Planned Parenthood argue that other providers would be easily able to fill the hole torn in the safety net, credible evidence suggests this is unlikely. In some areas, Planned Parenthood is the sole safety-net provider of contraceptive care. And even where there are other safety-net providers, they, on average, serve far fewer contraceptive clients than do sites operated by Planned Parenthood.

As this debate swirls, the Guttmacher Institute received a request from the Congressional Budget Office (CBO) regarding the publicly supported contraceptive care provided by Planned Parenthood health centers across the country. To respond, Guttmacher staff conducted special tabulations of our Contraceptive Needs and Services 2010 report (the most recent year for which these data are available).

Our analysis shows unequivocally that Planned Parenthood plays a major role in delivering publicly supported contraceptive services and supplies to women who are in need of such care nationwide. In two-thirds of the 491 counties in which they are located, Planned Parenthood health centers serve at least half of all women obtaining contraceptive care from safety-net health centers. In one-fifth of the counties in which they are located, Planned Parenthood sites are the sole safety-net family planning center.

Further, the average Planned Parenthood health center serves significantly more contraceptive clients each year than do safety-net centers run by other types of providers, such as federally qualified health centers (FQHCs) or county health departments. As a result, Planned Parenthood centers serve a greater share of safety-net contraceptive clients than any other type of provider. And, Planned Parenthood sites are more likely to make contraceptive care quickly and easily accessible to the women who need it.

#### CONTRACEPTIVE CARE BY THE NUMBERS

Below are the key takeaways of Guttmacher's findings related to Planned Parenthood's provision of publicly supported contraceptive care.

Planned Parenthood health centers serve a considerable proportion of all clients obtaining contraceptive care from safety-net health centers.

In 2010, 36 percent of the 6.7 million U.S. women receiving contraceptive care from safety-net family planning health centers were served at Planned Parenthood health centers. And there are some areas of the country where women rely particularly heavily on Planned Parenthood: In 18 states, Planned Parenthood health centers serve more than 40 percent of women obtaining contraceptive care from a safety-net family planning health center. In 11 of those 18 states, Planned Parenthood serves more than half the women obtaining contraceptive care from a safety-net health center.

Planned Parenthood health centers often serve most or all of the safety-net contraceptive clients in their county.

In 68 percent of counties with a Planned Parenthood site (332 counties out of 491), these sites serve at least half the women obtaining publicly supported contraceptive services from a safety-net health center. And in 21 percent of counties with a Planned Parenthood site (103 counties), Planned Parenthood serves all of the women obtaining publicly supported contraceptive services from a safety-net health center.

The majority of women who need publicly supported contraceptive care live in counties with a Planned Parenthood health center.

Almost two-thirds (64 percent) of the 19 million women in need of publicly supported contraceptive services and supplies live in counties with a Planned Parenthood health center. Moreover, 30 percent of these women live in counties where Planned Parenthood serves the majority of those obtaining publicly supported contraceptive care from the family planning safety net. (Women are considered to be in need of publicly supported contraception if they have ever had sex; are aged 13–44; are able to become pregnant; are not pregnant, postpartum, nor trying to become pregnant; and either have a family income below 250 percent of the federal poverty level or are younger than age 20.)

Planned Parenthood health centers serve a greater share of safety-net contraceptive clients than do any other types of providers.

Although Planned Parenthood health centers comprise 10 percent of publicly supported safety-net family planning centers, they serve 36 percent of clients who obtain publicly supported contraceptive services from such centers. By contrast, centers operated by health departments serve 27 percent of safety-net contraceptive clients, FQHCs serve 16 percent, sites operated by hospitals serve 8 percent, and sites operated by other agencies serve 13 percent.

On average, Planned Parenthood health centers serve many more contraceptive clients per year than do other types of safety-net providers. Planned Parenthood health centers serve an average of 2,950 contraceptive clients per year, many times more than any other type of publicly supported health center. By contrast, those operated by hospitals serve an average of 770 contraceptive clients, health departments serve an average of 750, FQHCs serve 330, and centers operated by other types of agencies serve 680 contraceptive clients each year.

Planned Parenthood health centers are more likely to facilitate women's timely access to a wide range of contraceptive services and supplies.

Planned Parenthood sites are considerably more likely to offer a broad range of contraceptive methods than sites operated by other types of agencies. Specifically, 91 percent of Planned Parenthood health centers offer at least 10 of 13 reversible contraceptive methods, compared to between 48 percent and 53 percent of sites operated by other types of agencies.

Moreover, Planned Parenthood sites are particularly likely to help women who choose oral contraceptives to get their pills without having to make an additional trip to a pharmacy: 92 percent of Planned Parenthood health centers offer oral contraceptive supplies and refills on-site, as do 86 percent of health department sites. Considerably smaller proportions of sites operated by FQHCs and other types of agencies—37 percent and 55 percent, respectively—do so.

Finally, women are often able to get the care they need more quickly from Planned Parenthood than from other types of safety-net providers. Sixty-three percent of Planned Parenthood health centers offer same-day appointments, compared to between 30 percent and 40 percent of sites operated by other types of agencies. And the average wait for an appointment at a Planned Parenthood health center is 1.8 days, whereas wait times at sites operated by other types of agencies range from 5.3 to 6.8 days.

#### LOOKING AHEAD

We cannot predict whether or to what extent health centers operated by other providers could fill the significant gap in the family planning safety net that would be cre-

ated if Planned Parenthood health centers were defunded—and therefore lost to the communities they serve. Certainly in the short term, it is doubtful that other providers could step up in a timely way to absorb the millions of women suddenly left without their preferred source of care and whether those providers could offer the same degree of accessible, quality contraceptive care offered by Planned Parenthood. (Indeed, Texas offers a cautionary tale; the state's family planning program for low-income women served far fewer women after Planned Parenthood health centers were cut out of the effort.)

What we do know is that women nationwide rely on Planned Parenthood health centers for the contraceptive services and supplies they need—and for women in many areas of the country, losing Planned Parenthood would mean losing their chosen provider and the only safety-net provider around.

Mr. MCGOVERN. Here are some more facts.

For every patient served by a community health center today, nearly three residents of low-income communities remain without access to primary health care. By voting for a sudden cutoff in funding, we would create an immediate healthcare access crisis for millions of women, placing an enormous strain on community health centers and other providers.

Community health centers offer women's health services as part of comprehensive primary care programs. They simply cannot put their other responsibilities aside. With so many of our Nation's community health centers already struggling to meet the needs of our most vulnerable communities, the last thing we should be doing is trying to make their jobs harder.

Now, on top of all of this, Senator MCCONNELL has already said that Senate Republicans do not have the votes to pass this bill and it will never reach the President's desk. So what are we doing here? This is not a rhetorical question. We are literally, as I said earlier, 6 legislative days away from another government shutdown; and instead of talking about how we are going to keep the doors open, how we are going to do what the people of the country have sent us here to do and keep government running, we are wasting time with this politically driven legislation that does nothing to make the country better.

Madam Speaker, the other bill before us, H.R. 3504, is not a simple restatement of the current born-alive law, by the way, which passed by a voice vote in 2002, no. Just so my colleagues understand, this bill fundamentally interferes with the sacred doctor-patient relationship and undermines doctors' clinical judgment and tells them how to provide medicine, or else they will face criminal penalties.

Madam Speaker, this bill is a solution in search of a problem. We already have strong Federal and State laws to protect babies born alive. The bottom line is that these anti-women's health bills would limit women's access to safe, legal, reproductive health care.

Congress should be governing responsibly and working to solve the real issues our country is facing. We should be focused on growing our economy and creating jobs. I think you may have forgotten that that is an important priority of the American people because my friends never like to mention the word "jobs."

But we ought to be focused on creating jobs. We ought to be protecting access to health care, increasing college affordability, and building a better future. Instead, 30 conservative House Republicans have decided to take government funding hostage, and that is what we are here for.

The American people deserve better.

Finally, let's be clear. Let's all kind of clear the air and be honest about one thing. The debate we are having today really isn't about the quality of care provided by Planned Parenthood. That is really not what is at the heart of all this. This is an effort by my friends on the Republican side to kind of pursue their agenda of criminalizing and outlawing abortion in every circumstance.

Many of my colleagues on the other side have been very vocal about the fact that they want to criminalize abortion, even in cases of rape or incest. They would make a woman who is a victim of rape or incest a criminal. They would criminalize the doctors. That is what this is all about, trying to force their narrow agenda down the throats of the American people.

I would say to my colleagues that we ought to reject this and get down to the business of governing this country. This is not what we should be doing here today. This is an insult, I think, to women. This is an insult to the good people who work at Planned Parenthood who provide excellent care to millions of people across this country, and, quite frankly, it is an insult to the American people that, with 6 legislative days left before you shut the government down, this is what you choose to bring to the floor and not a bill to keep the government open.

Madam Speaker, I reserve the balance of my time.

Ms. FOXX. Madam Speaker, if my colleagues would like to use parliamentary terms like "regular order," "self-execute," or "waivers" to hide from debate over the gruesome practices of abortionists, that is their prerogative.

They ignore what one key Planned Parenthood abortionist said: "We've been very good at getting heart, lung, liver, because we know that, so I'm not gonna crush that part. I'm gonna basically crush below, I'm gonna crush above, and I'm gonna see if I can get it all intact."

□ 1345

Republicans will continue to bring the truth to Americans and prevent taxpayer dollars from going to organizations that dismember children.

Madam Speaker, I yield 1 minute to the gentleman from Alabama (Mr. BYRNE).

Mr. BYRNE. Madam Speaker, by now, we have all seen the appalling videos which depict Planned Parenthood officials talking about how they crush babies in certain ways to preserve certain organs and then bargaining over the price of those organs.

I want to be crystal clear. The loss of any human life is a tragedy, but the casual nature in which the Planned Parenthood officials talk about killing a baby is simply heartbreaking and appalling. It is unconscionable that any American could be that cold and callous.

Let me tell you about the Planned Parenthood clinic in my hometown of Mobile, Alabama. They were cited by the Alabama Department of Health for performing two abortions on a 14-year-old girl in a span of 4 months without their complying with State laws that require the reporting of possible sexual abuse. This is the type of organization we are talking about.

Congress cannot simply sit on the sidelines and wait for someone else to respond. These egregious actions require a response.

Madam Speaker, I do not believe the Federal Government should be spending a single penny on Planned Parenthood, and H.R. 3134 would make that a reality. I urge my colleagues to support this rule.

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

I just want to say to my colleague from North Carolina that I am not hiding behind procedural rules.

In fact, in the way that my Republican friends have brought this bill to the floor, you won't allow us to debate amendments. We can't. You have stifled debate.

So I guess I would ask you: What are you afraid of? Why can't we have a more open process on legislation that didn't even go through the committees of jurisdiction? You ought to open this place up. A little debate is not a bad thing. A little openness is a good thing.

Madam Speaker, I include for the RECORD the report by the Subcommittee on Oversight and Investigations, Democratic members and staff, basically that refers to the heavily edited videos that my colleagues refer to.

I will just read one line here:

To date, the committee has received no evidence—underline “no evidence”—to substantiate the allegations that Planned Parenthood is engaged in the sale of fetal tissue for profit.

Furthermore, the committee has received no evidence to support the allegation that fetal tissue was procured without consent, that Planned Parenthood physicians altered the timing, method, or procedure of an abortion solely for the purposes of obtaining fetal tissue, or that Planned Parenthood physicians performed intact dilation and evacuation in order to preserve fetal tissue for research.

Thus far, the investigation has revealed that PPFA requires all affiliates

to ensure compliance with all State and Federal laws and that specific PPFA guidance requires affiliates to ensure that reimbursement for fetal tissue is limited to actual cost.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON ENERGY AND COMMERCE  
Washington, DC, September 9, 2015.

#### MEMORANDUM

To Subcommittee on Oversight and Investigations Democratic Members and Staff  
From Committee on Energy and Commerce Democratic Staff

Re Update on the Committee's Ongoing Investigation of Planned Parenthood Federation of America

#### I. INTRODUCTION

This memorandum serves as an update on the Committee's ongoing investigation into claims regarding the alleged sale of fetal tissue by affiliates of Planned Parenthood Federation of America (PPFA) to tissue procurement organizations (TPOs). The review has included bipartisan briefings by Planned Parenthood officials as well as representatives from StemExpress, Novogenix Laboratories, and Advanced Bioscience Resources—three TPOs that partner with Planned Parenthood affiliates and other healthcare providers to collect specimens to supply to researchers working with fetal tissue.

In addition to these briefings, the Committee has received documents and written responses to a series of questions it posed in writing to PPFA regarding its “practices relating to fetal tissue collection and sale or donation.” To date, the Committee has received no evidence to substantiate the allegations that Planned Parenthood has engaged in the sale of fetal tissue for profit. Furthermore, the Committee has received no evidence to support the allegations that fetal tissue was procured without consent, that Planned Parenthood physicians altered the timing, method, or procedure of an abortion solely for the purposes of obtaining fetal tissue, or that Planned Parenthood physicians performed intact dilation and evacuation in order to preserve fetal tissue for research. Thus far, the investigation has revealed that PPFA requires all affiliates to ensure compliance with all state and federal laws and that specific PPFA guidance requires affiliates to ensure that reimbursement for fetal tissue is limited to actual costs.

The Committee received evidence that the individuals making these unsubstantiated claims misrepresented themselves in order to gain access to Planned Parenthood personnel and facilities, and that the videos released by the Center for Medical Progress (CMP) are incomplete, selectively edited, and intentionally misleading.

#### II. THERE IS NO EVIDENCE THAT PLANNED PARENTHOOD OR ITS AFFILIATES HAVE VIOLATED ANY FEDERAL OR STATE LAWS

##### A. PPFA REQUIRES ALL AFFILIATES TO COMPLY WITH ALL STATE AND FEDERAL LAWS, INCLUDING LAWS PERTAINING TO THE DONATION OF FETAL TISSUE FOR RESEARCH

##### i. PPFA Guidance to Affiliates Regarding Human Fetal Tissue Donation Specifically Advises That It Is Illegal to Receive “Valuable Consideration” for Fetal Tissue, and Requires Affiliates to Ensure that Reimbursement Represents Actual Costs

The NIH Revitalization Act of 1993 established the legal standards governing fetal tissue donation. The law states, “It shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if the transfer affects interstate commerce.” The law further provides: “The term ‘valuable consideration’ does not include

reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue.”

Current PPFA guidance on fetal tissue donation tracks federal law, and it clearly and explicitly prohibits affiliates from receiving valuable consideration for fetal tissue. The guidance also requires affiliates to ensure that reimbursement represents actual costs incurred by the affiliate. The current PPFA guidance, revised in May 2015, provides as follows:

Federal law prohibits the payment or receipt of money or any other form of valuable consideration for fetal tissue, regardless of whether the program to which the tissue is being provided is federally funded or not.

There are limited exceptions that allow reimbursement for actual expenses (e.g. storage, processing, transportation, etc.) of the tissue. If an affiliate chooses to accept reimbursement for allowable expenses, it must be able to demonstrate the reimbursement represents its actual costs. PPFA recommends that an affiliate consult with CAPS [Consortium of Abortion Providers] about steps to take to document and demonstrate actual cost. [emphasis in the original]

The guidance also advises affiliates that “there are federal, and frequently, state laws that govern these activities, as well as ethical considerations. Great care must be taken to assure that these programs are above reproach in all respects.”

In a briefing with Committee staff, Dr. Raegan McDonald-Mosley, the Chief Medical Officer of PPFA, explained that PPFA accredits its affiliates. Affiliates are autonomous legal entities, with their own separate boards, executive personnel, and legal counsel.

Dr. McDonald-Mosley further described how PPFA oversees its affiliates and verifies their compliance with its fetal tissue donation guidance. Each affiliate is independently responsible for ensuring compliance with the guidance, as well as with all applicable state and federal laws.

PPFA oversees its affiliates through an accreditation process, whereby each affiliate is reviewed at least once every three years. Affiliates are evaluated on a range of hundreds of possible elements of performance, including, as of 2013, compliance with PPFA's fetal tissue donation guidance. Accreditation involves both offsite reviews of affiliate documentation as well as onsite reviews that include interviews with staff and direct observation of patient care. Non-compliance with PPFA required standards may affect an affiliate's accreditation status and result in actions that jeopardize that affiliate's ability to continue to use the Planned Parenthood trademark.

Although the precise language of PPFA's fetal tissue guidance has been revised over the years, affiliates have always been required to ensure that their tissue donation programs are in compliance with all state and federal laws, including the prohibition on receiving valuable consideration. For example, an earlier version of the guidance from 2001 provided to the Committee instructs affiliates that federal laws “forbid the payment or receipt of valuable consideration for fetal tissue. However, they permit ‘reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage’ of fetal tissue.” This guidance was reissued to affiliates in 2011.

Several years ago, PPFA undertook an effort to revise their Manual of Medical Standards and Guidelines (the Manual) by removing those sections not directly related to clinical care. According to Dr. McDonald-

Mosley, the Manual is a desk reference for clinicians for directing medical care. It is intended to assist practitioners in providing regular care for a patient and is revised on a two-year cycle. As a result of this revision effort, the fetal tissue guidance was separated from the Manual and is now a stand-alone document. It is distributed to affiliates through the PPFA intranet. Dr. Deborah Nucatola, who is PPFA's Senior Director for Medical Services and has had primary responsibility for the Manual since July 2009, explained to Committee staff that guidance on fetal tissue donation was removed from the Manual as part of this process to streamline and remove non-clinical information.

As of November 6, 2013, affiliates are now permitted to facilitate fetal tissue donation without prior approval from PPFA. PPFA distinguishes between "core services," which all affiliates are required to provide, such as well-women visits and education and prescribing for all FDA-approved methods of contraception, and services which are voluntary or optional for affiliates to offer. Earlier versions of the fetal tissue guidance instructed affiliates to "submit a written request to initiate an aborted tissue and/or blood donation program to PPFA for review and approval." According to PPFA, it "implemented this policy change as part of a broader effort to reduce the administrative burden on affiliates and support affiliate service expansion.

This overhaul affected other services besides facilitation of tissue donation; PPFA no longer requires prior approval for an affiliate to offer certain other non-core services."

ii. PPFA Guidance to Affiliates Includes Additional Requirements Pertaining to Fetal Tissue Transplantation Research, Although This is Not Required by Law

Federal law imposes additional requirements on providers and on researchers when the donated tissue is used in federally funded research involving the transplantation of human fetal tissue for therapeutic purposes. Under the statute, human fetal tissue may be used in federally funded research on the transplantation of fetal tissue if the attending physician declares in writing 1) that the woman's consent for abortion was obtained prior to requesting or obtaining consent to donate the fetal tissue for research; 2) that the timing, method, or procedure used to terminate the pregnancy were not altered in order to obtain the tissue; 3) that the abortion was performed in accordance with applicable state law; and 4) the woman has been fully informed of the physician's interest, if any, in the research, and of any medical or privacy risks associated with the tissue donation.

According to the National Institutes of Health (NIH), the federal government has not funded any fetal tissue transplantation research since 2007. The federal rules relating to the timing and method of abortion are therefore not applicable to any recent fetal tissue donations in the United States. However, PPFA's fetal tissue donation guidance nonetheless incorporates these requirements as recommended practices for affiliates. The 2015 PPFA guidance provides:

Federal law establishes additional requirements applicable whenever the research involving fetal tissue is conducted or supported by the federal government. PPFA recommends that these requirements be adhered to without regard to whether the tissue donation program is federally supported or not. These requirements are:

1. That the client's consent to donate not be sought until after she has decided to have an abortion and has signed the consent form for the abortion.

2. That the client acknowledge that the blood or tissue is being donated as a gift and that she will not be paid.

3. That the client acknowledge that she has not been told and that she has no control over who will get the donated blood and/or tissue or what it will be used for.

4. That there will be no changes to how or when the abortion is done in order to obtain the blood or tissue.

The guidance further instructs affiliates that "It must be documented that no substantive alteration in the timing of terminating the pregnancy or of the method used was made for the purpose of obtaining the blood and/or tissue."

Similarly, earlier versions of the PPFA guidance required the clinician to make a notation that: "[a]borted tissue was donated," "[c]onsent for the abortion was obtained prior to requesting or obtaining consent for the tissue donation," and "[n]o substantive alteration in the timing of terminating the pregnancy or of the method used was made for the purpose of obtaining the tissue." Previous versions of the guidance also required specific language in consent forms used for tissue donation. These versions were issued under the previous system, in which affiliates were required to seek service approval from PPFA for tissue donation programs.

Appended to PPFA's May 2015 guidance is a recommended sample consent form, which prompts the patient who is donating tissue to affirm the following statements:

Before I was shown this consent, I had already decided to have an abortion and signed a consent form for it.

I agree to give my blood and/or the tissue from the abortion as a gift to be used for education, research, or treatment.

I understand I have no control over who will get the donated blood and/or tissue or what it will be used for.

I have not been told the name of any person who might get my donation.

I understand there will be no changes to how or when my abortion is done in order to get my blood or the tissue.

I understand I will not be paid.

I understand that I don't have to give my blood or pregnancy tissue, and this will not affect my current or future care at (affiliate name).

Earlier versions of the guidance included a substantially similar consent form, although use of the consent form was required rather than recommended under the previous system of service approvals by PPFA, and substantive deviations from the consent form required approval from PPFA Medical Services.

B. THERE IS NO EVIDENCE THAT PLANNED PARENTHOOD AFFILIATES KNOWINGLY RECEIVED VALUABLE CONSIDERATION IN EXCHANGE FOR FETAL TISSUE

The Committee has received no evidence that any Planned Parenthood affiliate or employee ever received any "valuable consideration" for donated fetal tissue. The information and the documentary evidence received by the Committee support Planned Parenthood's assertions that the few affiliates that have participated in fetal tissue donation comply with the requirement to limit reimbursement to reasonable payments associated with facilitating tissue donation.

In an August 27, 2015, letter to congressional leaders, PPFA President Cecile Richards listed the reimbursement rates at affiliates that are currently or were recently participating in fetal tissue donation. At present, only two out of PPFA's 59 affiliates are participating in fetal tissue donation, and only one affiliate is receiving any reimbursement for costs. An additional four af-

filates facilitated fetal tissue donation for research in the past five years. The California affiliate that is currently participating receives a reimbursement of \$60 per tissue specimen from a TPO. The other four affiliates, which had participated in fetal tissue donation programs in the past five years, either sought no reimbursement or had reimbursement rates ranging from \$45 to \$55 per tissue specimen. The letter states, "[i]n every case, the affiliates report that these amounts were intended to recover only their costs, as allowed under the federal law and our guidance." The evidence received by the Committee during the course of this investigation supports this assertion.

The May 2015 tissue donation guidance notes that affiliates "must be able to demonstrate the reimbursement represents its actual costs." Dr. McDonald-Mosley explained that the way that each affiliate determines cost is fact-specific to that affiliate. Dr. Nucatola stated that fetal tissue donation is not a revenue stream for affiliates, and that reimbursement should generally be reasonable for the impact it has on the clinic.

Both the statute governing fetal tissue donation and Planned Parenthood's May 2015 guidance on pregnancy tissue donation outline the exceptions for reimbursement. The types of costs that may arise for clinics facilitating tissue donation include staff time to identify patients who are interested in donating fetal tissue, staff time spent explaining fetal tissue donation and securing consent, staff time spent drawing maternal blood samples, space in the pathology lab, storage of supplies, sterilization of equipment, and other related costs.

In a briefing with the Committee, Cate Dyer, the Chief Executive Officer of StemExpress, stated that it is her understanding that the valuable consideration requirement applies to all fetal tissue her company obtains. The contracts between StemExpress and two Planned Parenthood affiliates state, "The reasonable costs associated with the services specified in this Agreement shall be fifty-five dollars (\$55.00) per POC [product of conception] determined in the clinic to be usable." According to Dyer, the reimbursement covers the space and storage at the Planned Parenthood facility, particularly within the lab and pathology departments, sterilization of equipment, and staff participation in consent and facilitating involvement in the clinic. Additionally, clinic staff is also involved in obtaining maternal blood samples for StemExpress, so that the company can screen for infectious diseases. Dyer stated that she believed Planned Parenthood is losing money on fetal tissue donation, given the amount of staff time involved and space StemExpress takes up at the clinics.

In a briefing with Committee staff, Dr. Ben Van Handel, the Executive Director of Novogenix Laboratories, confirmed that at the affiliate where Novogenix has a contract, Planned Parenthood set the price of \$45 for services rendered on a per specimen basis. The contract between Novogenix and the Planned Parenthood affiliate states, "Novogenix will reimburse [the Planned Parenthood affiliate] for reasonable administrative costs associated with the identification of potential donors, as well as the obtaining of informed consent."

Similarly, in a briefing with Committee staff, Advanced Bioscience Resources (ABR) confirmed that the reimbursement rate at the Planned Parenthood affiliate with which they partner is \$60 per patient product of conception. The contract between ABR and the Planned Parenthood affiliate states:

[Affiliate] will provide, and ABR will pay the reasonable costs for, services and facilities . . . associated with obtaining consents



and with the removal of fetal organs and tissues from POCs [products of conception], and their processing, preservation, quality control, transportation, and storage; including appropriate space in which ABR employees can work, disposal services for non-used portions of cadaveric materials, and for seeking consent for donation of tissues and organs from appropriate donors, and maintaining records of such consents so that verification of consent can be supported.

**C. THERE IS NO EVIDENCE THAT PLANNED PARENTHOOD PHYSICIANS CONDUCTED INTACT DILATION AND EVACUATION TO PRESERVE FETAL TISSUE**

To date, the Committee has received no evidence that any physician employed by Planned Parenthood affiliates has performed an "intact" dilation and evacuation (D&E) to preserve fetal tissue for research. CMP claims suggesting that Planned Parenthood physicians are violating the Partial Birth Abortion Act in order to preserve fetal tissue for research appear to have no basis in fact.

There are three primary methods of surgical abortion: D&E, induction of labor, and hysterotomy. D&E is the only method available at Planned Parenthood facilities. In a briefing with Committee staff, Dr. McDonald-Mosley stated to the Committee that the confusion over "intact" fetuses is the result of deceptive video editing by CMP, and that she believes that the "intactness" that Planned Parenthood staff are referring to is the intactness of the tissue and specific organs. She noted that during most procedures, such as a D&E, the fetus is not delivered intact. She stated there is no evidence that Planned Parenthood staff are removing the fetus in an intact manner.

Similarly, Dr. Nucatola explained that it would be rare for a patient to be sufficiently dilated to deliver an intact fetus. When questioned whether it was possible to do a D&E resulting in an intact fetus, she stated that while possible, no Planned Parenthood physician would intentionally perform such a procedure because to do so would be illegal.

Representatives of all three TPOs also stated to the Committee that the donated fetal tissue specimens they receive do not include intact fetuses.

**D. THERE IS NO EVIDENCE THAT PLANNED PARENTHOOD PHYSICIANS ALTERED THE TIMING, METHOD, OR PROCEDURE SOLELY FOR THE PURPOSE OF OBTAINING FETAL TISSUE FOR RESEARCH**

To date, the Committee has not obtained any evidence that Planned Parenthood physicians altered the timing, method, or procedure of an abortion solely for the purpose of obtaining fetal tissue for research. The law requires physicians to certify that "no alteration of the timing, method, or procedures used to terminate the pregnancy was made solely for the purposes of obtaining the tissue." Although this section of the law applies only to federally funded research involving transplantation of human fetal tissue for therapeutic purposes, Planned Parenthood has voluntarily incorporated the principles of the law into its tissue donation guidance. The PPFA May 2015 guidance instructs affiliates that "[i]t must be documented that no substantive alteration in the timing of terminating the pregnancy or of the method used was made for the purpose of obtaining the blood and/or tissue."

There are limited methods of abortion. At Planned Parenthood affiliates, there are two methods of an early abortion: (1) a medication abortion, and (2) surgical abortion involving mechanical or manual aspiration. For abortions after approximately 13 weeks gestation, the only surgical abortion method available at a Planned Parenthood facility is D&E. A physician's decision about which

method to use is made in consultation with the patient.

PPFA has not identified any cases in which changes in methods for abortions were made for the purposes of fetal tissue donation. It is reasonable for providers to make small adjustments in technique for clinical reasons, and such small adjustments would not constitute a change in method or procedure. As is common across the medical profession, techniques are different for each physician, and physicians commonly make clinical judgments to adjust their approach in the course of a surgery.

Dr. Nucatola confirmed that changing the position of the fetus is not a change in the method or procedure; instead, it often needs to be done for patient safety. Although she does not personally change the position of the fetus in her practice, she believes that some physicians may need to convert the fetus to breech position in order to perform the abortion procedure safely; it is a matter of skill and experience.

All Planned Parenthood staff emphasized that patient safety is their top priority. Dr. McDonald-Mosley stated, "The ultimate goal is the safety of the patient." Dr. Nucatola said, "Patient safety comes first." PPFA's August 27, 2015, letter reiterated the same message: "Our patient's health is our paramount concern."

Mr. MCGOVERN. These heavily edited videos that my friends keep on referring to, again, I think is just a cover for what really is behind all of this, and that is their attempt to criminalize and outlaw abortion in all circumstances.

Madam Speaker, I yield 3 minutes to the gentlewoman from New York (Ms. SLAUGHTER), the distinguished ranking member of the Committee on Rules.

Ms. SLAUGHTER. I thank my colleague, Mr. MCGOVERN, for yielding me the time.

Madam Speaker, I rise today in defense of Planned Parenthood, an organization that for nearly 100 years has been the only accessible and affordable health care for millions of Americans, men and women.

Yet again, we find ourselves debating a bill that has no chance of becoming law, that attacks women and their healthcare decisions, and that distracts from what we should be doing: a budget to keep the government funded, which the majority shows no interest in moving forward.

Instead, we are rehashing old bills that we have seen many times before. These Republican broadsides fly in the face of the millions of women across the country and undermine the health and well-being of poor and rural women, who, in most cases, have no place else to turn except to Planned Parenthood for basic medical treatment.

Need I remind the Chamber that one in five American women has relied on a Planned Parenthood health center for care in her lifetime, as my colleague said, more than 90 percent of which is for preventive care: cervical cancer screenings, breast cancer screenings, and even HIV counseling?

There is no other medical procedure so furiously debated. Do we spend years here debating whether men can get

vasectomies during their reproductive years? Maybe we should do that because, obviously, we have cloaked ourselves in the medical field so that we can make those priceless decisions that people should make for themselves. Do we threaten to shut down the government over access to Viagra? No, we don't.

This week, I received an email from a local Planned Parenthood affiliate about a woman who, when she was 19 years old, went to Planned Parenthood to get a prescription for birth control. During a routine screening, the doctor found a cluster of abnormal cells that could have turned into life-threatening cancer.

The woman wrote: "Early detection and treatment . . . allowed me later in life to have a healthy baby who is the light of my life. Planned Parenthood is the provider I know and trust. Why should politicians tell anyone where they can and cannot go for care? Planned Parenthood was there for me when I needed affordable, quality health care, and I don't know what I'd have done without their services."

That is what is at stake. In spite of these pleas, Republicans continue their obsession with attacking women's health—I would think, by now, they would know better—and co-opting the most personal decisions of a woman's lifetime.

Legislatures across the country, including this one, waste valuable time in pretending to be doctors instead of doing their jobs. Legislators do not spontaneously become medical professionals upon their elections.

These constitutionally protected decisions are for women with the advice of their doctors, their families, and anyone she wants to consult, be it her priest or rabbi or pastor.

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

Mr. MCGOVERN. I yield the gentlewoman an additional 30 seconds.

Ms. SLAUGHTER. What terrible decisions there are to be made between medical personnel and the patient. I don't want anybody to have to say: I have to wait until LOUISE SLAUGHTER gets here because Congress has the last word in whether we live or die.

Ms. FOXX. Madam Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. HUDSON).

Mr. HUDSON. Madam Speaker, this debate is not about any one organization that receives tax dollars. This isn't about Republicans versus Democrats. It is not even about pro-life versus pro-choice. The issue before us today, Madam Speaker, is about defending the most vulnerable among us.

It is about a fundamental question: Will we allow and, indeed, give the people's money to an organization that takes a tiny baby outside the womb—with a beating heart, with lungs that function—and takes a scalpel and cuts open the head so that the brain can be extracted and sold for profit?

That is gruesome—I am sorry—but watch the video. Or are we going to

say: Let's suspend the funding to this organization while we investigate? That is a reasonable position.

Any organization that receives Federal funds and that is being investigated for breaking the law ought to have its funds suspended.

My wife, Renee, and I are expecting our first child in just a matter of days. So this is an issue that is very personal to me.

I would just say to my colleagues: Let's support this legislation and make sure that no baby is ever again cut into pieces and sold for scrap parts in this country.

Mr. MCGOVERN. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. MATSUI), a member of the Committee on Energy and Commerce.

Ms. MATSUI. I thank the gentleman for yielding.

Madam Speaker, I rise in strong opposition to the rule and to stand with millions of American women and men who receive essential health services from Planned Parenthood.

These attacks against Planned Parenthood threaten access to health care across this country, particularly for low-income women and men who already face barriers to access.

For many of our Nation's underserved populations, Planned Parenthood is the only source for vital services, such as contraceptive services and counseling and breast and cervical cancer screenings.

If the majority succeeds in its effort to defund Planned Parenthood, millions of Americans will be stripped of access to health care, in turn, creating hardships for American families.

More troubling still is the majority's willingness to shut down the government in order to deny health care to millions of women. Women's health should not be used as a bargaining chip for political messaging.

I urge my colleagues to put aside partisan politics driven by purposefully misleading videos. Attacking Planned Parenthood is a dangerous distraction to the real issues facing American women and families.

Ms. FOXX. Madam Speaker, I yield 1 minute to the gentlewoman from Utah (Mrs. LOVE).

Mrs. LOVE. Madam Speaker, I rise in support of H.R. 3134, to defund Planned Parenthood, and H.R. 3504, which requires that babies born alive during abortions get the same medical treatment as any other child.

It is crucial that we stand for those who cannot speak for themselves: the unborn. These bills are critical to curtailing the horrific practices that include harvesting fetal tissue while babies are still alive.

We, as Americans, value human life. We are fighting terrorists in Iran because we value the lives of people. Fighting for the unborn is no different.

I demand a full investigation into Planned Parenthood's donation of fetal tissue and the removal of taxpayer funding for the organization.

My colleagues will try to distract, distort, and divide us into thinking that this is all about women's health issues. This is, in fact, about saving American lives.

Let me remind my colleagues that Black Americans make up 12 percent of the population and that the fetuses that are being aborted make up 78 percent of who is being aborted.

We must act to protect life, liberty, and the pursuit of happiness. I know my job. Please do yours.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Vermont (Mr. WELCH), a member of the Committee on Energy and Commerce.

Mr. WELCH. I thank the gentleman.

Madam Speaker, there are two issues that are very contentious: abortion and fetal research. I support the right of a woman to choose. I support medical research that is legal under our laws so we can get cures for diseases like Alzheimer's and diabetes. I also respect those who disagree with me, but this bill is terrible.

Here is why: It is unfair to women who are not part of this debate and whose access to Planned Parenthood is about getting preventive health care, 16,000 women in our State. The second reason is that this bill, as designed, is destructive to the institution we represent.

Here is how it is designed: One, take the money away and then investigate. In a fair society, we do it the opposite way.

Second, it eliminates access to care for innocent people, who have nothing to do with this, as I mentioned, 16,000 in Vermont.

Three, it is a prelude to the shutdown, resorting to the tactic of, unless you get your way, we are shutting down the entire government.

Four, it is part of the "dump the Speaker" campaign, as though, if the Speaker resists a shutdown, his job should be taken away.

Bad for women. Bad for the institution.

Ms. FOXX. Madam Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Madam Speaker, I stand today in support of the innocent and the unborn. I strongly believe now is the time for Congress to stand up for those who cannot stand up for themselves.

The videos that have been released that expose the appalling acts committed by Planned Parenthood are horrifying.

These are despicable acts that are on par with the sickest of criminals who are behind bars, and that is exactly where these people belong: in prison, behind bars. These videos have given everyone insight into the inexcusable and horrific culture at Planned Parenthood.

Taxpayer funds should never be used to fund or to offset the cost of providing abortions; and it is especially unacceptable when these illegal and

horrific practices, like the selling and trafficking of unborn fetal tissue, are happening.

As a father and a grandfather, I believe we must seek justice for these crimes that have been committed.

I urge Federal law enforcement to execute a full criminal investigation into these alleged actions by Planned Parenthood.

These two bills being debated today, of which I am a cosponsor, are the necessary next steps. I urge my colleagues to support this legislation and to support life.

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Mr. MCGOVERN. Madam Speaker, at this time, I yield 1 minute to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. Madam Speaker, let's be clear. This is not a debate about abortion. There are different points of view on that question, but it is a settled question by the U.S. Supreme Court. Those who want to make this about something that it is not need to look at the legislation that they are supporting.

This is about whether or not families have access through Planned Parenthood to preventative health care, to lifesaving cancer screenings, to basic health care that ought to be available in every possible way. This bill would have an extreme and devastating impact on access to those fundamental services that Planned Parenthood provides.

Here we are, 7 legislative days before this government shuts down; and what is preoccupying the floor of the House of Representatives today? An ideological debate that everyone on both sides of the aisle acknowledges will not become law.

Everyone acknowledges it will not become law, but we are taking time to pander to some of the voices that simply oppose women's healthcare choices instead of taking up the questions that the American people sent us here to do. Where is the budget? Where are the budget negotiations? Where is the discussion about roads and bridges?

Ms. FOXX. Mr. Speaker, I yield 1 minute to the gentlewoman from Alabama (Mrs. ROBY).

Mrs. ROBY. Mr. Speaker, no taxpayer should be forced to fund an organization that aborts more than 350,000 unborn babies every year. This is a commonsense truth that even pro-abortion activists have a hard time arguing.

Guess what—they changed the argument. They pretend that abortion doesn't exist and that Planned Parenthood is the only place where low-income women can get health care. Taking away taxpayer funding from Planned Parenthood means denying women access to health care, they say.

That is untrue, and anybody spreading that should be ashamed. There are more than 13,000 federally qualified and rural health centers throughout this country offering low-cost health care



to women. They outnumber Planned Parenthood clinics 20 to 1.

If this was really about making sure women had access to health care, we could all agree right now that supporting these community health centers is the right thing to do; but that is not what this is about.

It is because community health centers don't perform abortions; Planned Parenthood does. That is what this is about. It is about preserving a pipeline of funding to the Nation's largest abortion provider. We all get this. Let's drop the phony women's health charade.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, I rise in opposition to this rule and the underlying bill. With this bill, the majority has declared war on the health and well-being of millions of women.

Planned Parenthood serves 2.7 million Americans every year with life-saving services, like pap tests, breast exams, screenings for sexually transmitted infections. For many low-income families, Planned Parenthood is their only option.

The majority claims that other clinics can take up the slack, but just listen to Dr. Mark DeFrancesco, the president of the American Congress of OB/GYNs: "If Planned Parenthood went away, there are a good number of patients just in my service area that no longer will have a doctor. If they start calling my office, it is going to be 'we could take you, but it might be 2, 3 months down the road.' And if they call at other places, it might be 'we can't even take you.'"

This bill creates chaos, and in that chaos, people's lives will be put at risk. This bill is spiteful; it is mean spirited, and it is cruel. It tells millions of low-income Americans: Forget your health. You can just die.

Enough is enough. I urge my colleagues to vote against this bill.

Ms. FOXX. Madam Speaker, there are many more options for women's health care than the discredited abortion provider, Planned Parenthood.

While Planned Parenthood is only approximately 665 clinics, federally qualified health centers, FQHCs, and rural health centers, RHCs, provide over 13,000 publicly supported locations, providing alternatives for women's health care. This means there are 20 federally funded comprehensive care clinics for every one Planned Parenthood.

This bill does not change the availability of funds for women's health. It simply establishes a safeguard so that the Nation's largest abortion chain is not the one providing such services.

Madam Speaker, I yield 1 minute to the gentleman from Georgia (Mr. LOUDERMILK).

Mr. LOUDERMILK. Madam Speaker, there comes a time when we must face the truth, regardless of how disgusting or offensive that truth is. As much as we dislike where we are and the shame

the harvesting of baby parts has brought on our Nation, we are the ones who must face this truth and take action.

Some who oppose this bill and other actions this Congress may take state that defunding this or other organizations will not completely stop these horrific acts, and that may be true.

Did our involvement in World War II against Hitler end anti-Semitism? No, it didn't. Did our government's decision to take out Osama bin Laden end terrorism? No, it didn't. How many innocent lives were spared because we did take action?

The question before us is not whether our actions will stop this evil, but if this government will continue to fund it, sanction it, and tolerate it.

For years, William Wilberforce fought against the evil of slavery, and he challenged his fellow countrymen with these words: "You may choose to look the other way, but you can never say that you did not know."

If we know the truth, which we do, and decide not to respond, we will, in part, share the blame, share the responsibility, and share in the judgment.

Mr. MCGOVERN. Madam Speaker, I yield 1 minute to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY).

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I rise in opposition.

These bills today are the direct result of a series of videos that have been found to be purposefully misleading, alleging misdeeds that never happened that will result in the punishment of millions of women who have absolutely nothing to do with it.

In many areas of this country, Planned Parenthood clinics are one of the few affordable healthcare options for women.

During the Senate debate on defunding, a letter was introduced from California's community health centers, stating in no uncertain terms that defunding the Planned Parenthood clinics would place untenable stress on the community healthcare providers, but our Republican colleagues are indifferent to the experts.

Truth, as usual, is the first casualty when they wage their cultural wars; and all that matters is the theater, their bizarre kabuki theater, of ritualized outrage.

I urge my colleagues to vote "no" on the rule and on the underlying bill.

Ms. FOXX. Madam Speaker, I yield 6 minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Madam Speaker, I thank VIRGINIA FOXX, who is a tremendous leader for life and a great leader in this Congress, for yielding.

Mr. MCGOVERN said we are wasting our time. Mr. KILDEE talked about pandering, which I think is an insult.

I would just like to ask Mr. MCGOVERN: Yes or no, has the gentleman watched the videos?

Mr. MCGOVERN. Will the gentleman yield?

Mr. SMITH of New Jersey. Yes.

Mr. MCGOVERN. Yes.

Mr. SMITH of New Jersey. The gentleman has?

Mr. MCGOVERN. Yes.

Mr. SMITH of New Jersey. Okay. It is disappointing then that the gentleman is not moved to compassion over the terrible inhumanity displayed on those videos by the Planned Parenthood personnel.

Madam Speaker, human dismemberment is a painful and absolutely frightening way for anyone to die, but in Planned Parenthood clinics across the country, such violence against children is commonplace.

Subsidized by half-a-billion dollars annually, Planned Parenthood kills a baby every 2 minutes, snuffing out the lives of over 57 million infants since 1973, a staggering loss of life, a staggering loss of children.

Madam Speaker, now, because of undercover videos by The Center for Medical Progress, we know Planned Parenthood is also trafficking in baby parts, turning babies into human guinea pigs while making the abortion industry even richer than before.

Although much of the media continues to ignore this scandal, Planned Parenthood's meticulously crafted facade of care and compassion has been shredded. Caught on tape, Planned Parenthood's top leadership, not interns or lower-level employees, show callous disregard for children's lives while gleefully calculating the financial gain.

This begs the question: Do Americans really know what horrors are done to children in Planned Parenthood clinics? Have congressional colleagues and has President Obama watched the videos yet?

In one clip, Dr. Deborah Nucatola, senior director of Planned Parenthood Federation of America's Medical Services and a late-term abortionist herself says on camera:

We have been very good at getting heart, lung, liver because we know that, I am not going to crush that part. I am going to basically crush below, I am going to crush above, and I am going to see if I can get it all intact. . . . I would say a lot of people want liver; and for that reason, most providers will do this case under ultrasound guidance, so they will know where they are putting their forceps.

In other words, crush the baby to death, but do it in a way that preserves organs and body parts for sale.

Planned Parenthood's medical directors council president, Dr. Mary Gatter, appears on the video nonchalantly talking about utilizing "less crunchy" abortion methods, again, to preserve body parts.

Regarding the price tag for baby body parts, she says, "Let me just figure out what others are getting and, if this is in the ballpark, then, it is fine. If it is still low, we can bump it up," that is, the price. "I want a Lamborghini," she says.

Planned Parenthood's national director for the Consortium of Abortion Providers, Deborah VanDerhei, says, "We are just trying to figure out as an industry"—abortion is an industry—"how we are going to manage remuneration because the headlines would be a disaster"—concern for making money and avoiding bad press, no concern whatsoever for the child victim.

Holly O'Donnell, a tissue procurement technician for StemExpress, a biotech company that partners with Planned Parenthood, says some women undergoing abortions did not give consent for these baby body parts to be trafficked.

She says on the video, "Pregnancy tests are potential pregnancies, therefore, potential specimens." They think of the pregnancy test as a way of getting more specimens, so it is just taking advantage of the opportunity.

O'Donnell also says how her supervisor told her to cut through the face of a baby in order to get brain tissue. "She gave me the scissors and told me that I had to cut down the middle of the face. I can't even describe what that feels like," she says on tape.

H.R. 3134, made in order under this rule, authored by an extraordinarily caring and compassionate Member of Congress, DIANE BLACK of Tennessee, places a yearlong moratorium on funding for Planned Parenthood and redirects withheld monies to other facilities that provide women's health.

Madam Speaker, the videos have also brought into sharp focus the fact that some babies actually survive abortions.

Dr. Savita Ginde, vice president and medical director of Planned Parenthood Rocky Mountains, confesses:

Sometimes we get—if someone delivers before we get to see them for a procedure then they, the baby, are intact.

That means born alive. That means born alive.

"The fetus just fell out," she says. It just fell out. It, the baby, fell out. What happens to that baby? Tragically, we know what happens. They are killed, and some of their organs are stolen.

The second bill made in order by the rule—the Born-Alive Abortion Survivors Protection Act, authored by pro-life champion TRENT FRANKS—simply says any child who survives an abortion must be given the same care as any other premature baby born at the same gestational age. The new bill builds on the landmark Born-Alive Infants Protection Act of 2002, authored by STEVE CHABOT, by ending important enforcement prohibitions.

I would remind my colleagues that it was just 2 years ago that the infamous Philadelphia abortionist Kermit Gosnell was convicted of killing children, as well as women in his clinics, but children who were born alive after an attempted abortion.

The grand jury report describes his practice—and I read the entire report; you ought to read it—Gosnell had a simple solution for unwanted babies he

delivered. He killed them. He didn't call it that. He called it "ensuring fetal demise." He called it "snipping."

Support these two bills, I say to my colleagues.

Mr. Speaker, human dismemberment is a painful and absolutely frightening way for anyone to die but in Planned Parenthood clinics across the country, such violence against children is commonplace and usual.

Subsidized by half a billion taxpayer dollars annually, Planned Parenthood kills a baby every two minutes, snuffing out the lives of over seven million infants since 1973—a staggering loss of children.

Now, because of undercover videos by the Center for Medical Progress, we know Planned Parenthood is also trafficking in baby body parts—turning babies into human guinea pigs while making the abortion industry even richer than before.

Although much of the media continues to ignore this scandal, Planned Parenthood's meticulously crafted façade of care and compassion has been shredded. Caught on tape, Planned Parenthood's top leadership—not interns or lower level employees—show callous disregard for children's lives while gleefully calculating the financial gain.

Which begs the question: do Americans really know what horrors are done to children in Planned Parenthood clinics? Have congressional colleagues—has President Obama—watched the videos yet?

In one clip, Dr. Deborah Nucatola, Senior Director of Planned Parenthood Federation of America's Medical Services and a late term abortionist herself says on camera: "We have been very good at getting heart, lung, liver, because we know that, I am not going to crush that part. I am going to basically crush below, I am going to crush above, and I am going to see if I can get it all intact . . . I would say a lot of people want liver; and for that reason, most providers will do this case under ultrasound guidance, so they will know where they are putting their forceps."

In other words, crush the baby to death, but do it in a way that preserves organs and body parts for sale.

Planned Parenthood Medical Directors' Council President Dr. Mary Gatter appears on a video nonchalantly talking about utilizing a "less crunchy" abortion method—again to preserve baby body parts. Regarding the pricetag for baby body parts she says: "let me just figure out what others are getting, and if this is in the ballpark, then it's fine, if it's still low, then we can bump it up. I want a Lamborghini."

Planned Parenthood's National Director for the Consortium of Abortion Providers Deborah VanDerhei says "we're just trying to figure out as an industry . . . how we're going to manage remuneration because the headlines would be a disaster". Concern for making money and avoiding bad press—no concern whatsoever for the child victim.

Holly O'Donnell, a tissue procurement technician for StemExpress, a biotech company that partners with Planned Parenthood says some women undergoing abortions did not give consent: ". . ." there were times when they would just take (the body parts) what they wanted. And these mothers didn't know. On the video, Ms. O'Donnell says: "Pregnancy tests are potential pregnancies, therefore potential specimens. So it's just taking advantage of the opportunities."

O'Donnell also tells how her supervisor told her to cut through the face of a baby in order to get brain tissue. "She gave me the scissors and told me that I had to cut down the middle of the face. I can't even describe what that feels like" she says.

H.R. 3134 authored by an extraordinarily caring and compassionate Member of Congress DIANE BLACK of Tennessee places a yearlong moratorium on funding to Planned Parenthood and redirects withheld monies to other facilities that provide women's health.

At the instruction of Speaker BOEHNER, several committees of congress have launched probes into this baby body parts trafficking scandal.

I suspect that if the President watches at least one of the videos, he'd at least demand real answers concerning Planned Parenthood's inhumane behavior. Or at least I hope he would.

Mr. Speaker, the videos have again brought into sharp focus the fact that some babies actually survive abortion.

Dr. Savita Ginde, Vice President and Medical Director of Planned Parenthood Rocky Mountains confesses that "Sometimes, we get—if someone delivers before we get to see them for a procedure then they (the baby) are in intact . . ." A fetal tissue broker describes watching a "fetus . . . just fell out."

It just fell out. It, the baby, fell out, she says. And then what happened to that baby?

Tragically, we know what happens to these victimized babies—they are killed and some have their organs stolen.

So the second bill made in order by the rule—The Born Alive Abortion Survivors Protection Act (H.R. 3504)—authored by pro-life champion Trent Franks, simply says any child who survives an abortion must be given the same care as any other premature baby born at the same gestational age. The new bill builds on the landmark Born Alive Infant Protection Act of 2002 authored by Steve Chabot by adding important enforcement provisions.

I would remind my colleagues that it was just two years ago the infamous Philadelphia abortionist Kermit Gosnell was convicted of murder for killing children who were born alive after an attempted abortion. The Grand Jury report described his practices, "Gosnell had a simple solution for the unwanted babies he delivered: he killed them. He didn't call it that. He called it "ensuring fetal demise." The way he ensured fetal demise was by sticking scissors into the back of the baby's neck and cutting the spinal cord. He called that "snipping."

Gosnell's grisly after-birth abortion practices were only exposed when he was investigated for illegal drug charges and, in the words of the Grand Jury "the search team discovered fetal remains haphazardly stored throughout the clinic—in bags, milk jugs, orange juice cartons, and even in cat-food containers. Some fetal remains were in a refrigerator, others were frozen."

Last week Gianna Jessen an abortion survivor, told the House Judiciary Committee:

"My biological mother was seven and a half months pregnant when she went to Planned Parenthood, who advised her to have a late-term saline abortion.

"This method of abortion burns the baby inside and out, blinding and suffocating the child, who is then born dead, usually within 24 hours.

"Instead of dying, after 18 hours of being burned in my mother's womb, I was delivered

alive in an abortion clinic in Los Angeles on April the 6th, 1977. My medical records state: "Born alive during saline abortion" at 6 am.

"Thankfully, the abortionist was not at work yet. Had he been there, he would have ended my life with strangulation, suffocation, or leaving me there to die. Instead, a nurse called an ambulance, and I was rushed to a hospital. Doctors did not expect me to live.

"I did. I was later diagnosed with Cerebral Palsy, which was caused by a lack of oxygen to my brain while surviving the abortion. I was never supposed to hold my head up or walk. I do. And Cerebral Palsy is a great gift to me.

Gianna asked the committee,

"If abortion is about women's rights, then what were mine? You continuously use the argument, 'If the baby is disabled, we need to terminate the pregnancy,' as if you can determine the quality of someone's life. Is my life less valuable due to my Cerebral Palsy?

"You have failed, in your arrogance and greed, to see one thing: it is often from the weakest among us that we learn wisdom—something sorely lacking in our nation today. And it is both our folly and our shame that blinds us to the beauty of adversity."

Gianna Jesson's reminds us that we have a duty to protect the weakest and most vulnerable.

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Mr. MCGOVERN. Madam Speaker, let me just state three facts here: We know that these videos that have been mentioned have been selectively edited; we know for a fact that 90 percent of what Planned Parenthood does is preventive care, including screenings for cervical cancer, nothing to do with abortion; and we know for a fact, because it is the law, that no taxpayer dollars can be used to pay for abortion.

Having said that, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Madam Speaker, I rise in opposition to the rule and the underlying bills. This closed rule makes in order misguided legislation that would seriously limit access to crucial healthcare services, like cancer screenings, and limit access to contraception that would prevent unwanted pregnancies.

We are talking about defunding Planned Parenthood? How counterproductive. In my home State of Oregon, more than 72,000 patients were served by Planned Parenthood in 2013 alone. We are talking about real women and men who received compassionate, preventive care. I have heard from Oregonians like Stacy, who went to Planned Parenthood and got a life-saving cancer screening when she had no insurance.

It is unfortunate that the House is using its limited time to debate legislation that harms women, but it is downright irresponsible to even consider shutting down the government over access to these vital services. There is no evidence that Planned Parenthood has broken any laws.

We have seen proposals like this before. It is time to end these attacks on women's constitutional reproductive

rights. I urge my colleagues to reject this rule and other legislation that limits access to vital healthcare services.

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

My colleagues have asked for an investigation into The Center for Medical Progress, which released these videos. The Center for Medical Progress does not receive half a billion in taxpayer dollars every year; Planned Parenthood does. It is the role of Congress to exercise oversight on those who receive taxpayer dollars. It is also appropriate for Congress to cease funding a scandal-ridden organization.

It is extremely interesting to hear my colleagues across the aisle talk about investigating the creators of these videos. If only there was such enthusiasm for oversight on other issues, such as ObamaCare implementation, immigration executive orders, and Hillary Clinton's refusal to share her actions on Benghazi.

Madam Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Madam Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE), a member of the Committee on the Judiciary. (Ms. JACKSON LEE asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE. Madam Speaker, I would not be here on the floor to lend suspicion to the faithfulness of anyone, but as evidenced by what we have been hearing from our friends on the other side of the aisle, this is nothing but a politically charged debate and an undermining of women's health care.

We made it very clear in the Committee on the Judiciary that *Roe v. Wade* is the law of the land. We know that because the Texas Supreme Court, in 2014 and 2015, rolled back the Texas law that was going to close a number of clinics evidencing and providing for women's health care. Planned Parenthood provides for 378,000 pap tests and 487,000 breast exams. 87,000 women found out they had cancer through Planned Parenthood.

As it relates to the fetal tissue, we know that there are laws in place that do not allow the sale of such, but we also know the fetal tissue research has generated spinal cord, neurological research and cures.

Therefore, let me say to my colleagues, the law of the land is *Roe v. Wade*. This is a protracted political fight, and I would only say, ask the person who filmed these particular videos. He stole the identity of his high school classmate to do this underhanded work. That shows you that this is a political effort.

Madam Speaker, I rise in strong opposition to the Rule and the underlying bills.

I strongly oppose this latest attempt by the Republican House majority to defund Planned Parenthood and undermine women's right to make their own choices regarding their reproductive healthcare.

Instead of spending time fueling a politically-charged attack on America's leading provider

of reproductive health care services for women, and attempting to roll back women's constitutionally protected rights, this House should be advancing legislation that will reform our truly broken immigration and criminal justice systems.

We are brought here today to examine the practices and procedures of Planned Parenthood. Yet, tellingly, the Majority has failed to reach out or obtain any direct information or witnesses from Planned Parenthood.

The bills before us are offered not for the purpose of exposing any wrongdoing of Planned Parenthood, but simply to sensationalize opposition to abortion and serve as a political decoy to shut down our government.

The United States Supreme Court ruled over 40 years ago, in *Roe v. Wade* (410 U.S. 113 (1973)), that a woman's constitutional right to privacy includes her right to abortion.

Since this landmark decision, abortion rates and risks have substantially declined, as have the number of teen and unwanted pregnancies.

Restricting all access to reproductive and women's health services only exacerbates a woman's risk of an unintended pregnancy and fails to accomplish any meaningful overthrow of *Roe v. Wade*.

In recent years, state policymakers have passed hundreds of restrictions on abortion care under the guise of protecting women's health and safety. Fights here in Congress have been no different.

In my state of Texas a law that would have cut off access to 75 percent of reproductive healthcare clinics in the state was challenged before the U.S. Supreme Court in 2014 and 2015.

On October 2, 2014, the Supreme Court struck down as unconstitutional a Texas law that required that all reproductive healthcare clinics that provided the full range of services would be required to have a hospital-style surgery center building and staffing requirements.

This requirement meant that only 7 clinics would be allowed to continue to provide a full spectrum of reproductive healthcare to women.

Texas has 268,580 square miles, only second in size to the state of California.

The impact of the law in implementation would have ended access to reproductive services for millions of women in my state.

In 2015, the State of Texas once again threatened women's access to reproductive health care when it attempted to shutter all but 10 healthcare providers in the state of Texas.

The Supreme Court once again intervened on the behalf of Texas women to block the move to close clinics in my state.

It seems every month we are faced with a new attack on women's access to reproductive health care, often couched in those same terms.

And in fact we are here today supposedly to talk about the safety of medical care provided by Planned Parenthood.

But we know that's not really the case.

If my colleagues were so concerned about women's health and safety, they would be promoting any one of the number of evidence-based proactive policies that improve women's health and well-being.

Instead, they are attacking Planned Parenthood in a back-handed attempt to ban abortion.

That is their number one priority. This is certainly not about protecting women's health, it's about politics.

Just as the 1988 Human Fetal Tissue Transplantation Research Panel (or the Blue Ribbon Commission) sought to separate the question of ethics of abortion from the question of ethics of using fetal tissue from legal elective abortions for medical research when laying the foundation for the 1993, NIH Health Revitalization Act (which passed overwhelmingly with bipartisan support), we must separate the personal views of abortion from the legal issues of federal compliance.

Namely, the NIH Health Revitalization Act prohibits the payment or receipt of money or any other form of valuable consideration for fetal tissue, regardless of whether the program to which the tissue is being provided is funded or not.

A limited exception, and crux of the applicability issue of legality, lies with the provision allowing for reimbursement for actual expenses (e.g. storage, processing, transportation, etc.) of the tissue.

Planned Parenthood repeatedly maintains and supports that their affiliates involved with fetal tissue research comply with this requirement.

In fact, of the 700+ affiliate health care centers across the country, only 4 Planned Parenthood affiliates currently offer tissue donation services and of those 4, only 2 (California and Washington) offer fetal tissue donation services—that's 1 percent of all Planned Parenthood service centers.

The California affiliate receives a modest reimbursement of \$60 per tissue specimen and the Washington affiliate receives no reimbursement.

It is worth noting that fetal tissue has been used for decades.

Since the 1920's researchers have used fetal tissue to study and treat various neurological disorders, spinal cord injuries, diabetes, immune deficiencies, cancers and life-threatening blood diseases.

One of the earliest advances with fetal tissue was to use fetal kidney cells to create the first poliovirus vaccines, which are now estimated to save 550,000 lives worldwide every year.

The most widely known application in the field of human fetal tissue transplantation has been the treatment of Parkinson's disease.

Many of our other common vaccines, such as polio, measles, chicken pox, rubella and shingles, have been developed through the use of fetal tissue or cell lines derived from fetal tissue.

When looking at the 1 percent of health care providers involved in fetal tissue donation and research, and no clear credible proof of illegal activity, it is obvious that attacks on Planned Parenthood are wholly misguided.

Planned Parenthood has one of the most rigorous Medical standards and accreditation processes in the country.

It is the only national provider that has developed a single set of evidence-based Medical Standards and Guidelines that define how health care is provided throughout the country.

Guidelines are developed and updated annually by a group of nationally-renowned experts, physicians, and scientists, including medical experts from Harvard and Columbia.

Planned Parenthood affiliates must submit to accreditation reviews that include 100 indicators (or high level areas of review) and over 600 individual Elements of Performance (or measures for review). Half of these relate to

the provision of medical care and patient safety.

Planned Parenthood has strict requirements regarding compliance with all federal, state, and local laws and regulations. A specific area of compliance is with mandatory reporting laws and regulations regarding reporting in instances where the welfare of a minor is endangered.

All staff with patient contact are rigorously trained regarding compliance with federal, state and local laws and regulations governing service to minors.

Violations of mandatory reporting regulations are subject to disciplinary action, up to and including termination.

It is no secret that the Center for Medical Progress is an extreme anti-choice organization with a goal of outlawing legal abortion procedures in this country.

To achieve that goal, they have shamelessly targeted Planned Parenthood and the funding that provides healthcare services to millions of women every year.

They continue to use deceptive tactics and secret videos to try and undermine Planned Parenthood.

Just like Live Action, the Center for Medical Progress is not a group that can be taken credibly.

The Center for Medical Progress is simply recreating a history of doctoring and manipulating video intended to create misimpressions about Planned Parenthood.

It is a coordinated effort by anti-choice forces—not only on Planned Parenthood or a woman's right to choose, but on women's health care across the board.

At the same time, national media is reporting about a major coordinated push by anti-choice groups and Members of Congress to defund Planned Parenthood.

This coordinated effort to defund Planned Parenthood is an assault on all progressive health care, service, and advocacy organizations who aim to provide vital care and services to women and men across this country.

The public is standing by Planned Parenthood, which plays a vital role in defending women's health and rights.

Hundreds of thousands have already spoken up, including leading groups and communities such as the growing voice of our millennial generation.

My colleagues should be doing more to connect our youth and women to services that help them reduce their risk of unintended pregnancies and STD's, and improve their overall health through preventative screenings, education and planning, rather than restricting their access to lawfully entitled family planning and private health services.

I urge all Members to vote against the rule and the underlying bills.

Ms. FOXX. Madam Speaker, I reserve the balance of my time.

Mr. MCGOVERN. May I inquire of the gentlewoman from North Carolina how many more speakers she has on her side?

Ms. FOXX. Madam Speaker, I am expecting one more speaker that I am trying to accommodate. However, if the gentleman is prepared to close, then I will do my best to do that also.

Mr. MCGOVERN. Madam Speaker, I yield myself the balance of my time.

I am going to urge my colleagues to defeat the previous question. If we do,

I will offer an amendment to the rule to bring up legislation that would treat wildfires like similar major natural disasters and eliminate the need to transfer funds from forest management and conservation programs for fire suppression. It is time to make common-sense changes to the Federal wildfire budget.

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

The SPEAKER pro tempore (Mrs. ROBY). Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

Mr. MCGOVERN. Madam Speaker, the bills that the rule will make in order that are before us today, these bills and others are ongoing attacks that are part of the Republican drumbeat for a government shutdown over women's healthcare choices. It isn't enough to attack women's health. Republicans are now willing to take down the entire Federal Government in their political attacks.

As I mentioned at the outset in my opening statement, the facts are the facts; and I know for some of my colleagues, they are inconvenient and they like to avoid talking about them, but the reality is that these videos that my colleagues are referring to have been selectively edited.

We also know that 90 percent of what Planned Parenthood does is preventive care: cervical cancer screenings, important lifesaving procedures that benefit women. They do preventive care that benefits men as well.

It is also important for my colleagues to realize that there are no Federal funds, no taxpayer dollars that go to fund abortion. That is illegal. That is the law of the land. That is the Hyde amendment.

To shut down these important preventive healthcare services, to kind of advance this agenda that my colleagues on the other side of the aisle have, which is to criminalize abortion under all circumstances—including, many of my colleagues advocate no exceptions even for rape or incest. A young girl who was a victim of rape or incest would be a criminal if she had an abortion.

This is all about taking away a woman's right to choose. That is what this is all about. Planned Parenthood happens to be the pawn, the latest pawn in this debate.

It is interesting. I watched the Republican debate last night. It was really quite entertaining. I heard Donald Trump and MARCO RUBIO and TED CRUZ say that they would be open to putting civil rights activist Rosa Parks on the \$10 bill, but Republicans might be surprised to learn that Rosa Parks sat on the national board of Planned Parenthood Federation of America, the organization that my Republican friends, including the people who invoked her

name last night, are now trying to defund.

This is about preserving access to good, quality health care, and I really regret the fact that this has become such a political wedge issue in this Congress, but I get it. I know where my colleagues are coming from. That you would take up the time of this House to do this, which the Senate won't take up and which the President wouldn't sign even if they did, at a time when we have 6 legislative days left before the Federal Government shuts down, I don't know what my colleagues are thinking.

Part of what your job is is to keep this government running; and instead of doing that, we are doing these right-wing message bills that don't even go through regular order, that committees of jurisdiction don't even have a chance to consider, when every Member, Republican or Democrat, is told you can't even amend any of this stuff no matter what kind of idea you have.

This whole process is disgraceful. We need to get our priorities in order here. We ought to protect women's healthcare services; we ought not to be defunding an organization like Planned Parenthood, which does good work all across this country; and we ought to be bringing a bill to the floor to keep this government running.

Madam Speaker, I urge my colleagues to vote "no" and defeat the previous question and vote "no" on the rule.

I yield back the balance of my time.

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

Last evening when I spoke on this legislation in the Committee on Rules, I mentioned that this is a very emotional issue for those of us who value life so much. One of my colleagues has already spoken to the fundamental issue of life, but I think we always should have time to talk about our Declaration of Independence and our Constitution.

Particularly as it relates to this issue, it is the Declaration of Independence which says: "We hold these truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness—That to secure these Rights, Governments are instituted among Men."

Madam Speaker, that is what we are talking about here today. We are talking about what our government should be doing in the light of knowing that the most vulnerable among us are being destroyed, and that without life, there is nothing else.

Our colleagues keep saying there are things that are more important for us to be debating today. Madam Speaker, I would purport that there are few things more important than this debate over the trafficking of hearts and other body parts of unborn children, some of whom may have been born alive.

My colleagues on the other side of the aisle claim that this legislation is part of a war on women, but in reality it is designed to stop the war on children that is going on in abortion facilities across this country.

Large majorities of Americans believe their tax dollars should not go to fund abortions. They felt this way even before learning that, during those abortions, children are dismembered and sold piece by piece. It is unfathomable that we have to debate stopping the provision of tax dollars to organizations participating in such activities. It is also unbelievable that we do not immediately pass, by unanimous consent, legislation ensuring that children born alive, breathing and crying, like each of us was on our first day outside the womb, deserve the same medical care that any child born in a hospital would receive.

What is heartening, in the face of this contentious debate, is the principle that the truth always comes out. Abortionists can no longer hide in the dark back rooms of their facilities and sell unborn children piece by piece under an illusion that no one will ever know their crimes.

Our debate today and the videos that have been released have shattered that darkness and exposed the callousness of the abortion industry toward life and the consequences of accepting abortion on demand as acceptable. Both of these bills, the Defund Planned Parenthood Act of 2015 and the Born Alive Abortion Survivors Protection Act, contain commonsense provisions addressing the barbaric actions that have come to light in the abortion industry, and I commend the underlying bills in this rule providing for their consideration to all of my colleagues for their support.

The material previously referred to by Mr. MCGOVERN is as follows:

AN AMENDMENT TO H. RES. 421 OFFERED BY  
MR. MCGOVERN OF MASSACHUSETTS

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

SEC. 6. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 167) to provide for adjustments to discretionary spending under section 251(b)(2) of the Balanced Budget and Emergency Deficit Control Act of 1985 to support wildfire suppression operations, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided among and controlled by the chair and ranking minority member of the Committee on the Budget, the chair and ranking minority member of the Committee on Agriculture, and the chair and ranking minority member of the Committee on Natural Resources. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments

as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 7. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 167.

#### THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

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

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

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

question, who may offer a proper amendment or motion and who controls the time for debate thereon."

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

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

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

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

Mr. MCGOVERN. 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.

#### 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:

Ordering the previous question on House Resolution 420 and the amendment thereto;

Adopting the amendment to House Resolution 420, if ordered; and

Adopting House Resolution 420, if ordered.

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

#### PROVIDING FOR CONSIDERATION OF H.R. 348, RESPONSIBLY AND PROFESSIONALLY INVIGORATING DEVELOPMENT ACT OF 2015; PROVIDING FOR CONSIDERATION OF H.R. 758, LAWSUIT ABUSE REDUCTION ACT OF 2015; AND PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on the amendment and on the resolution (H. Res. 420) providing for consideration of the bill (H.R. 348) to provide for improved coordination of agency actions in the preparation and adoption of environmental documents for permitting determinations, and for other purposes; providing for consideration of the bill (H.R. 758) to amend Rule 11 of the Federal Rules of Civil Procedure to improve attorney accountability, and for other purposes; and providing for consideration of motions to suspend the rules, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

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

The vote was taken by electronic device, and there were—yeas 238, nays 179, not voting 16, as follows:

[Roll No. 497]

#### YEAS—238

Abraham	Grothman	Paulsen
Aderholt	Guinta	Pearce
Allen	Guthrie	Perry
Amash	Hanna	Pittenger
Amodei	Hardy	Pitts
Babin	Harper	Poe (TX)
Barletta	Harris	Poliquin
Barton	Hartzler	Pompeo
Benishek	Heck (NV)	Posey
Billirakis	Hensarling	Price, Tom
Bishop (MI)	Herrera Beutler	Ratcliffe
Bishop (UT)	Hice, Jody B.	Reed
Black	Hill	Reichert
Blackburn	Holding	Renacci
Blum	Hudson	Ribble
Bost	Huelskamp	Rice (SC)
Boustany	Huizenga (MI)	Rigell
Brady (TX)	Hultgren	Roby
Brat	Hunter	Roe (TN)
Bridenstine	Hurd (TX)	Rogers (AL)
Brooks (AL)	Hurt (VA)	Rogers (KY)
Brooks (IN)	Issa	Rohrabacher
Buchanan	Jenkins (KS)	Rokita
Buck	Jenkins (WV)	Rooney (FL)
Bucshon	Johnson (OH)	Ros-Lehtinen
Burgess	Johnson, Sam	Roskam
Byrne	Jones	Ross
Calvert	Jordan	Rothfus
Carter (GA)	Joyce	Rouzer
Carter (TX)	Katko	Royce
Chabot	Kelly (MS)	Russell
Chaffetz	Kelly (PA)	Ryan (WI)
Clawson (FL)	King (IA)	Salmon
Coffman	King (NY)	Sanford
Cole	Kinzinger (IL)	Scalise
Collins (GA)	Kline	Schweikert
Collins (NY)	Knight	Scott, Austin
Comstock	Labrador	Sensenbrenner
Conaway	LaMalfa	Sessions
Cook	Lamborn	Shimkus
Costello (PA)	Lance	Shuster
Cramer	Latta	Simpson
Crawford	LoBiondo	Smith (MO)
Crenshaw	Long	Smith (NE)
Culberson	Loudermilk	Smith (NJ)
Curbelo (FL)	Love	Smith (TX)
Davis, Rodney	Lucas	Stefanik
Denham	Luetkemeyer	Stewart
Dent	Lummis	Stivers
DeSantis	MacArthur	Stutzman
DeJarlais	Marchant	Thornberry
Diaz-Balart	Marino	Tiberi
Dold	Massie	Tipton
Donovan	McCarthy	Trott
Duffy	McCaul	Turner
Duncan (SC)	McClintock	Upton
Duncan (TN)	McHenry	Valadao
Ellmers (NC)	McKinley	Walberg
Emmer (MN)	McMorris	Walden
Farenthold	Rodgers	Walker
Fitzpatrick	McSally	Walorski
Fleischmann	Meadows	Walters, Mimi
Fleming	Meehan	Weber (TX)
Flores	Messer	Webster (FL)
Forbes	Mica	Wenstrup
Fortenberry	Miller (FL)	Westerman
Fox	Miller (MI)	Whitfield
Franks (AZ)	Moolenaar	Williams
Frelinghuysen	Mooney (WV)	Wilson (SC)
Garrett	Mullin	Wittman
Gibbs	Mulvaney	Womack
Gibson	Murphy (PA)	Woodall
Gohmert	Neugebauer	Yoder
Goodlatte	Newhouse	Yoho
Gosar	Noem	Young (AK)
Gowdy	Nugent	Young (IA)
Graves (GA)	Nunes	Young (IN)
Graves (LA)	Olson	Zeldin
Graves (MO)	Palazzo	Zinke
Griffith	Palmer	

#### NAYS—179

Adams	Beyer	Brady (PA)
Aguiar	Bishop (GA)	Brown (FL)
Ashford	Blumenauer	Brownley (CA)
Bass	Bonamici	Butterfield
Beatty	Boyle, Brendan	Capps
Becerra	F.	Capuano

Cárdenas	Himes	Pallone
Carney	Hinojosa	Pascarell
Carson (IN)	Honda	Payne
Cartwright	Hoyer	Perlmutter
Castor (FL)	Huffman	Peters
Castro (TX)	Israel	Peterson
Chu, Judy	Jackson Lee	Pingree
Cicilline	Jeffries	Pocan
Clark (MA)	Johnson (GA)	Polis
Clarke (NY)	Johnson, E. B.	Price (NC)
Cleaver	Kaptur	Quigley
Clyburn	Keating	Rangel
Cohen	Kelly (IL)	Rice (NY)
Connolly	Kennedy	Richmond
Conyers	Kildee	Roybal-Allard
Cooper	Kilmer	Ruiz
Costa	Kind	Ruppersberger
Courtney	Kirkpatrick	Rush
Crowley	Kuster	Ryan (OH)
Cuellar	Langevin	Sánchez, Linda
Cummings	Larsen (WA)	T.
Davis (CA)	Larson (CT)	Sarbanes
Davis, Danny	Lawrence	Schakowsky
DeFazio	Lee	Schiff
DeGette	Levin	Schrader
Delaney	Lewis	Scott (VA)
DeLauro	Lieu, Ted	Scott, David
DeBene	Lipinski	Serrano
DeSaulnier	Loebach	Sewell (AL)
Deutch	Lofgren	Sherman
Doggett	Lowenthal	Sinema
Doyle, Michael	Lowe	Sires
F.	Lujan Grisham	Slaughter
Duckworth	(NM)	Speier
Edwards	Lujan, Ben Ray	Swalwell (CA)
Ellison	(NM)	Takai
Engel	Lynch	Takano
Eshoo	Maloney,	Thompson (MS)
Esty	Carolyn	Titus
Farr	Maloney, Sean	Tonko
Fattah	Matsui	Torres
Foster	McCollum	Tsongas
Fudge	McDermott	Van Hollen
Gabbard	McGovern	Vargas
Gallo	McNerney	Veasey
Garamendi	Meeke	Vela
Graham	Meng	Velázquez
Grayson	Moore	Visclosky
Green, Al	Moulton	Walz
Green, Gene	Murphy (FL)	Wasserman
Grijalva	Nadler	Schultz
Gutiérrez	Napolitano	Waters, Maxine
Hahn	Neal	Watson Coleman
Hastings	Nolan	Welch
Heck (WA)	Norcross	Wilson (FL)
Higgins	O'Rourke	Yarmuth

#### NOT VOTING—16

Barr	Frankel (FL)	Thompson (CA)
Bera	Granger	Thompson (PA)
Bustos	Jolly	Wagner
Clay	Pelosi	Westmoreland
Dingell	Sanchez, Loretta	
Fincher	Smith (WA)	

□ 1458

Mr. MILLER of Florida changed his vote from "nay" to "yea."

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated against:

Mrs. BUSTOS. Mr. Speaker, on rollcall No. 497, had I been present, I would have voted "no."

Mr. BERA. Mr. Speaker, I was unable to cast a vote on rollcall vote No. 497, ordering the previous question, because I was at the Pentagon Ceremony Recognizing the Heroism and Valor of Airman First Class Spencer Stone, Specialist Alek Skarlatos, and Mr. Anthony Sadler. Had I been present, I would have voted "no."

#### COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER laid before the House the following communication from the Clerk of the House of Representatives: