

would inadvisably set a precedent nationally. Many members of our organizations enjoy Alaska's bounty of fish and wildlife resources and their habitats for unrivaled hunting, fishing and outdoor experiences. The sustainable management of these natural resources needs to be led by the State working in cooperation with the FWS. We urge that you favorably consider H.J. Res. 49 which will restore the jurisdictional state-federal relationship as Congress has previously directed.

Thank you very much for your consideration of our concerns about this harmful and illegal rule which if left un-remedied, significantly affects the use and appreciation of the magnificent natural resources found in Alaska.

Sincerely,

Archery Trade Association, Association of Fish and Wildlife Agencies, Congressional Sportsmen's Foundation, Council to Advance Hunting and the Shooting Sports, Dallas Safari Club, Delta Waterfowl Foundation, Ducks Unlimited, Houston Safari Club, Masters of Foxhounds Association, Mule Deer Foundation, National Rifle Association, National Shooting Sports Foundation, National Trappers Association, National Wild Turkey Federation, Orion the Hunter's Institute.

Pheasants Forever, Professional Outfitters and Guides, Quail Forever, Quality Deer Management Association, Ruffed Grouse Society, Rocky Mountain Elk Foundation, Safari Club International, Sportsmen's Alliance, Whitetails Unlimited, Wild Sheep Foundation, Wildlife Forever, Wildlife Management Institute.

Mr. BISHOP of Utah. Madam Speaker, this comes from groups all over the Nation who understand what is going on and also realize the problem of this—I mean, there are some people who might think this only deals with Alaska. Technically, it does.

The problem is, if this happens to Alaska, if the ability of the Federal Government to supersede the State happens in Alaska, this could also happen to anyone of the lower 48 States.

We are simply one lawsuit away from Fish and Wildlife Service being either allowed or required to order similar regulations for everything across the lower 48 States as well. And that is what is so difficult and impossible to understand.

Look, let me try and sum it up this way: None of the practices that have been railed about today actually are existing, and any of those that are are easily controlled by the Alaska Department of Fish and Game.

The underlying premise, both of the rule that the Fish and Wildlife Service of the Department of the Interior did and the underlying premise of most of the debate that has happened here on the floor, is that only somebody who lives here in Washington has the intelligence, the foresight, the vision to make these kind of rules that unfortunately people in Alaska are simply too dumb to do it. You are a bunch of red-neck hicks that don't understand how to rule yourself. You don't understand science. You barely have television.

I don't know what it is, but why do we have this mindset that only Washington can make these decisions when actually the States have proven, not only that are they capable, they are su-

perior to what happens from this Department here in Washington.

That is what this is about, an illegal rule that simply takes away from the States what they are doing and what they are doing well; and that is why this should be opposed. That is why this rule should be pulled away. This midnight rule, once again, should be taken back.

Allow them to start over and do something intelligently. At least, recognize the professionals—the real professionals who work in the States to make this system work. They can do it. They have done it. Allow them to do their jobs, and protect the rest of us from any judge saying, oh, if it happened in Alaska, maybe it can happen in your State as well. That is the fear.

This is a rule passed by Fish and Wildlife at the last minute of the Obama administration that doesn't solve anything and will be impossible to administer. It violates everything that has gone on before.

Vote for this rule. Bring back sanity and allow the States to do their job as they are supposed to do and as the law prescribes for them to do.

I urge support of this. I don't know if you are undecided on whether I was for this resolution or not. Just, for the record, yes, I support this resolution.

I yield back the balance of my time.

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

Pursuant to House Resolution 123, the previous question is ordered on the joint resolution.

The question is on engrossment and third reading of the joint resolution.

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

The SPEAKER pro tempore. The question is on passage of the joint resolution.

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

Mr. BEYER. 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 CONGRESSIONAL DISAPPROVAL OF FINAL RULE BY SECRETARY OF HEALTH AND HUMAN SERVICES

Mrs. BLACK. Mr. Speaker, pursuant to House Resolution 123, I call up the joint resolution (H.J. Res. 43) providing for congressional disapproval under chapter 8 of title 5, United States Code, of the final rule submitted by Secretary of Health and Human Services relating to compliance with title X requirements by project recipients in selecting subrecipients, and ask for its immediate consideration.

The Clerk read the title of the joint resolution.

The SPEAKER pro tempore. Pursuant to House Resolution 123, the joint resolution is considered read.

The text of the joint resolution is as follows:

H.J. RES. 43

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That Congress disapproves the rule submitted by the Secretary of Health and Human Services relating to compliance with title X requirements by project recipients in selecting subrecipients (81 Fed. Reg. 91852; December 19, 2016), and such rule shall have no force or effect.

The SPEAKER pro tempore. The gentlewoman from Tennessee (Mrs. BLACK) and the gentlewoman from Colorado (Ms. DEGETTE) each will control 30 minutes.

The Chair recognizes the gentlewoman from Tennessee.

GENERAL LEAVE

Mrs. BLACK. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on H.J. Res. 43, currently under consideration.

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

There was no objection.

□ 1345

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

Madam Speaker, I rise today in strong support of my resolution of disapproval, H.J. Res. 43, which uses the authority of the Congressional Review Act to overturn the Obama administration's 11th-hour rule forcing States like Tennessee to fund abortion providers.

I want to begin today by stipulating very clearly what this resolution is about because, while I am unapologetically pro-life, you don't have to be in order to support this resolution. You just have to believe in the Tenth Amendment.

Despite the histrionics you may hear on the other side of the aisle today, with today's resolution, we are not, we are not, one, voting to defund Planned Parenthood in any way, shape, or form; we are not voting to cut title X funding; and we are not voting to restrict abortion rights.

Madam Speaker, we are simply voting today to affirm the rights of States to fund the healthcare providers that best suit their needs, without fear of reprisal from their own Federal Government.

I didn't realize this was a partisan issue. It shouldn't be, because that is how the title X grant program functioned for more than 45 years, until the Obama administration decided to leave this parting gift to abortion industry on its way out the door.

For me, this is a personal issue. As a registered nurse, I know that vulnerable women seeking true comprehensive care deserve better than abortion-centric facilities like Planned Parenthood. So, as a State legislator, I worked within my authority to make sure that Tennessee honored the will of

our pro-life populace and steered our State's share of title X dollars away from healthcare providers that performed abortion.

As a result, our share of title X grants have been sent exclusively to the Tennessee Department of Health, which then allocates them to the county health departments and other qualified providers that protect the lives of the most vulnerable. That was Tennessee's right, and it has been able to exercise that right while protecting access to comprehensive care for those who are most in need.

As a matter of fact, according to HHS' own 2015 title X Family Planning Annual Report, our State provided care under title X to more than 75,000 Tennesseans. That means that we served even more citizens than the more populated States like Michigan and Virginia.

But in December of last year, the Obama administration decided to intervene, setting unprecedented new parameters on how States must select title X grantees that were specifically designed to prop up its political allies in the abortion industry.

With my resolution, I am proposing that we go back just a few short weeks prior to December 15, 2016, the day before the Obama administration decided to reconfigure this 45-year-old program with its ill-conceived order. That is all my resolution does is to take us back 45 years to the way the program has operated.

I urge my colleagues to give States the freedom and the flexibility to take care of their citizens the best way that they know how by voting "yes" on this H.J. Res. 43.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, we are not even a full month into the new Presidency. Yet, the President and the Republicans in Congress have already launched numerous attacks on women's health and access to care. Here's just a few of the examples aside from today.

They are charging ahead to dismantle the Affordable Care Act without making any promises to preserve the vital protections for women that are in that bill.

They imposed and dramatically expanded the global gag rule, which harms women's access to health care around the world.

And just after the historic Women's March, House Republicans passed H.R. 7, an extreme bill that effectively bans private insurance companies from covering comprehensive healthcare services.

But here we are again today, with another bill that threatens access to family planning care for millions of our most vulnerable citizens by attacking title X. Title X is the only Federal program dedicated solely to family planning, which includes a range of services that help women and their partners

prepare for pregnancy and ensure healthy spacing between births.

Title X helps 4 million people who are uninsured. Title X centers also play an important role in reducing unintended pregnancy, and title X centers are also major points of access in our safety net.

Six in 10 women who go to a title X center consider it their major source of health care. What this rule that Republicans want to roll back does is it simply reinforces longstanding requirements that say that States cannot discriminate against providers for reasons that are unrelated to their qualifications to perform family planning services when distributing title X funding. In other words, if an organization provides abortions with its own private money but it qualifies for title X, it can still get that funding.

Now I keep hearing from my colleagues that this violates states' rights, but that completely ignores how Federal programs work. Virtually all Federal funding opportunities require a State to adhere to certain standards to ensure policy goals are met, and that is exactly what this rule did.

Republicans will also argue that community health centers can fill all the gaps created and accessed by denying these centers title X funding. This claim has been debunked on numerous occasions.

For example, in 21 percent of counties with a Planned Parenthood center, Planned Parenthood is the only safety net provider in the area. That is why the nonpartisan Congressional Budget Office estimated, if Planned Parenthood were defunded, as many as 390,000 women would lose access to care, and 650,000 women would have reduced access. That is why repealing this rule is a serious problem.

Just this afternoon I read a quote, and here's what it said: "Patients and doctors should be making the big decisions—not government bureaucrats."

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

Ms. DEGETTE. Madam Speaker, I yield myself an additional 30 seconds.

Let me say that again. "Patients and doctors should be making the big decisions—not government bureaucrats."

Who said this?

Margaret Sanger? No.

Cecile Richards? No.

Hillary Clinton? No.

The person who said this this afternoon is the Speaker of the House, PAUL RYAN. I couldn't agree with him any more when it comes to title X family planning money. This should be made by patients and their doctors, not by bureaucrats in Washington.

Madam Speaker, I reserve the balance of my time.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. SMITH), who has been a champion for life and been fighting for life for a long time.

Mr. SMITH of New Jersey. I thank the gentlewoman for her extraordinary leadership on the life issue.

Madam Speaker, subsidized by over \$500 million taxpayer dollars each year, Planned Parenthood dismembers or chemically poisons a baby to death every 2 minutes, killing over 7 million innocent children since 1973.

Undercover videos in 2015 exposed, in numbing candor, several high-level Planned Parenthood leaders nonchalantly talking about procuring children's organs for a price. They describe altering gruesome dismemberment procedures to preserve intact livers, hearts, and lungs from freshly killed babies.

All of this begs the question, Madam Speaker, why are U.S. taxpayers giving half a billion dollars each year to Planned Parenthood?

H.J. Res. 43 simply allows States to redirect funds away from abortion clinics and does not reduce funding for title X by so much as a penny. Those funds are just redirected to other health clinics that provide women's health care and don't engage in abortion.

In mid-December, on his way out the door, former President Obama finalized a rule that coerces States to fund Planned Parenthood with their title X money.

Prior to the Obama rule, States had chosen, five of them, to award title X funds to non-Planned Parenthood entities. These five States, Tennessee, Kansas, Oklahoma, Arkansas, and Ohio, account for nearly \$16 million in annual title X funding and serve over 279,000 individuals a year. These five States redirected those funds to other health clinics.

But under the Obama rule, these State recipients are threatened with losing all—I say again—all of their title X support if they do not comply. This is the definition of coercion.

The Obama administration essentially told States: You must use your family planning dollars to support abortionists, or we will take away your family planning dollars.

I thank the gentlewoman for her courage, for her insight, and for offering this rule for our consideration today.

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE), the ranking member of the House Energy and Commerce Committee.

Mr. PALLONE. Madam Speaker, I rise today in strong opposition to H.J. Res. 43. This resolution is simply another attack on women's health and another attempt by Republicans to limit women's access to high-quality, essential care.

For decades, title X family planning program has funded grants that provide millions of Americans each year with access to a broad range of preventive health services, including contraception care and cancer screenings. Title X is a critical safety net for low-income women and teens; and for many patients, this program is their only source of health care.

But the Republicans want to limit access to these services and allow States to discriminate against certain providers, all as part of their ongoing ideological crusade against abortion.

I stress, this resolution would permit States to prohibit reproductive healthcare providers from participating in the title X program, and would allow States to block access to care if the provider separately performs abortions or is affiliated with health centers that do.

Now, we already have seen what happens when States take actions to discriminate against providers in the title X program. Access goes down, the unintended pregnancy rate goes up, and the spread of sexually transmitted infections increases.

So I would urge my colleagues to vote “no” on this resolution because Republicans should not be entitled to pick and choose providers in the title X program and play politics with women’s health.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentleman from Kansas (Mr. MARSHALL), a freshman and a physician.

Mr. MARSHALL. Madam Speaker, this past December, our past President finalized a rule requiring States to fund Planned Parenthood through title X funding.

Today I rise as a cosponsor of and in support of this joint resolution, H.J. Res. 43, which repeals this Obama rule and allows States like mine, Kansas, to choose how to best allocate title X funds. The Obama rule is yet another example of government overreach that tries to force my State to fund Planned Parenthood.

Redirecting Federal funds away from abortion providers does not reduce funds for other title X programs. Instead, this will allow even more funding available for county health departments and other public health clinics for family planning, sexually transmitted disease testing, and lifestyle choices education.

While Planned Parenthood remains a political organization that spent tens of thousands of dollars in the last election to oppose pro-life candidates, let me stop and salute the nurses and social workers back home at the Barton County Health Department where I worked for years, and salute my fellow doctors, Dr. Perry Smith and Dr. Bill King, and everyone’s favorite nurse practitioner, Sheila Hein, who dedicated themselves to helping women.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentlewoman from New York (Mrs. LOWEY).

Mrs. LOWEY. Madam Speaker, I hope the women of America are watching. Let there be no doubt about the actions of congressional Republicans and the Trump administration. They will oppose your right to make your own health decision and limit access to your reproductive health care at every available juncture.

Rather than work to create jobs, House Republicans are helping State

officials block women from getting contraception and other reproductive health services.

Today’s bill would particularly harm the neediest Americans, as it could deny them the opportunity to visit the health provider of their choice, which in many instances may be the only provider available within hours of their home.

Sadly, this will be just one of the many assaults on women’s rights in the 115th Congress.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. MESSER), who is the chairman of our Republican Study Committee.

Mr. MESSER. Madam Speaker, the Federal Government should not fund abortions, and it should not force States to fund them either. That is one reason this body recently voted to make the Hyde amendment permanent and governmentwide.

The vast majority of Americans support this policy as a matter of conscience and agree that tax dollars should not fund abortion procedures. Today’s bill is consistent with that principle.

But despite the rhetoric across the aisle, the bill permits, but does not require, States to direct title X funds to health providers that do not provide abortions.

Without this bill, States would be forced to fund the abortion industry by Federal bureaucrats. This is an issue of states’ rights as well as one of conscience.

□ 1400

I am proud to support this measure, stand up for States, and defend life.

I want to thank my colleague, DIANE BLACK, for her hard work and leadership on getting this bill to the floor, and I urge my colleagues to vote for its passage.

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Madam Speaker, I thank the gentlewoman from Colorado for her leadership.

For almost 50 years, a law called title X has ensured that women across America, no matter their station in life, can receive expert advice on how and when to plan their families, on contraceptives, and also receive breast and cervical cancer screenings.

It is smart public policy. It often allows women to complete their education and to get a job to become financially independent. It is cost effective for all of us because it saves public money on prenatal, maternity, and newborn care, and it has worked to decrease teenage and unintended pregnancies.

In Florida, in 2014 alone, over 160,000 were counseled through nonprofit agencies and community health centers, and over 38,000 unintended pregnancies were prevented, which helped prevent about 18,000 unintended births. That resulted in hundreds of millions of dol-

lars in cost savings. Plus, it is difficult to put a price tag on the ability of someone to become self-sufficient and get a good start in life.

Title X is critical for many of my neighbors in Florida, and it should be protected. So it is sad to see my Republican colleagues target working families and young women to restrict access to contraceptives, family planning, and other health services. If Republicans are successful, it would only harm our communities, and in doing so, you are targeting the folks who need the help the most.

These politically motivated attacks on women’s health are a distraction from the real issues. Across the country, women, parents, moms, and dads need greater economic and personal security, not less. That is what Congress should be focused on.

I urge my colleagues to vote “no” on this harmful resolution.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentlewoman from Alabama (Mrs. ROBY), who is my classmate.

Mrs. ROBY. Madam Speaker, I rise in support of H.J. Res. 43. Congress must use its authority to strike this rule and stop the Federal Government from forcing States to funnel taxpayer money to abortion providers.

This rule is wrong on process and it is wrong on policy. First of all, States have every right to put in place reasonable guidelines for how their Federal dollars are spent. For Washington to attempt to coerce States in this way would be bad enough, but for unelected bureaucrats in the Department of Health and Human Services to go around Congress at the eleventh hour of the Obama administration is just outrageous.

Madam Speaker, I think we all agree that low-income women should have access to essential title X services, but why is it necessary for those services to be funded at the Nation’s largest provider of abortion? It isn’t, of course, but the abortion industry and its supporters want us to believe that it is.

When it comes to funding, they like to pretend that abortion doesn’t exist and that Planned Parenthood is the only place where women can get health care, but that is not true. The truth is that there are more than 13,000 federally qualified and rural health centers that offer low-cost health care to women. These centers outnumber Planned Parenthood clinics 20 to 1; they just don’t perform abortions.

Understanding this, some States have rightly enacted laws and policies redirecting title X dollars away from abortion providers and toward these noncontroversial clinics. If the true goal here were to ensure women’s health care, no one should have a problem with that. But that wasn’t the goal, and everybody knows it.

There is a reason people call this rule President Obama’s parting gift to Planned Parenthood. It was a blatant, transparent attempt to preserve the

pipeline of funding to the Nation's largest abortion business. It was wrong, and I urge my colleagues to vote to nullify it today.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. SPEIER).

Ms. SPEIER. I thank the gentlewoman for her leadership.

Madam Speaker, it is very hard for me to listen to the conversation on the other side of the aisle because it is a conversation they are having with themselves, and it is a conversation we are having with ourselves.

Let me be really clear. This is not about Planned Parenthood and abortion because we already know that Planned Parenthood gets no funding for abortions in this country, pure and simple. Planned Parenthood gets funding through title X to provide services for breast cancer screenings, cancer screenings, STDs, and contraception.

What my colleagues on the other side of the aisle are willing to say is: We just want to make sure Planned Parenthood doesn't get a dime. Just squeeze every dime out of them that may be Federal dollars, even though they provide a really important health service.

So I say to my colleagues on the other side of the aisle, I guess what you are saying is, to the 80,000 women last year who were diagnosed with cancer because they went to a Planned Parenthood facility and of the 800,000 that were screened for cancer, you would rather see them die.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentlewoman from South Dakota (Mrs. NOEM), who is my fellow Ways and Means Committee member.

Mrs. NOEM. Madam Speaker, I rise today in support of H.J. Res. 43 which overturns an Obama-era regulation forcing States to administer title X healthcare funding to abortion providers like Planned Parenthood.

Time and again, this Congress has risen with bipartisan support to oppose the taxpayer funding of abortions. Annual provisions, including the Hyde amendment, have been passed repeatedly and have saved an estimated 2 million innocent lives.

Today, we rise again to stop the taxpayer funding of abortion providers. I want to be clear. Nothing we do today will take a penny from women's health. Instead, we are empowering States to redirect these funds to community health centers and hospitals that offer more comprehensive coverage to women.

In 2014 alone, Planned Parenthood performed more than 300,000 abortions while failing to provide even the most basic services, like prenatal care, at many of their facilities.

Hospitals and federally qualified health centers not only offer a broader range of services, but also greater accessibility in many cases. While there is only one Planned Parenthood center in South Dakota, we have six federally

qualified health centers that operate in 45 service sites and serve more than 54,000 individuals per year. These care centers offer low-income families health services, but they don't perform abortions. We can support women's health—and, specifically, health care for low-income women—without supporting abortion providers.

Simply put, H.J. Res. 43 does not restrict access or funding to health care for low-income women. What it does do is help protect taxpayers from funding abortion providers. It empowers the States to direct healthcare funding to organizations that truly do support women's health, and it makes strides toward protecting the most vulnerable among us, the unborn.

I thank Chairman BLACK for her commitment to this issue, and I am proud to stand beside her as a partner in this effort.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the distinguished gentlewoman from the State of Washington (Ms. DELBENE).

Ms. DELBENE. Madam Speaker, another week, another attack on women's health. Only 6 days ago, the Senate confirmed a Secretary of Health and Human Services who opposes women's access to no-cost birth control—a man who claimed that not one woman has struggled to afford contraception. Now, House leaders are working to eradicate the number of places where women can access birth control. It is unacceptable.

For more than 40 years, title X has been a bipartisan program that helps vulnerable Americans get basic health care like cancer screenings, HIV tests, and contraception. In 2014 alone, it prevented over 900,000 unintended pregnancies. But if this resolution passes, millions will find themselves without access to the essential care that they need, especially those in rural and underserved communities.

I have said it before and I will say it again: Our constituents deserve better. It is time to focus on the priorities that matter to the American people.

Madam Speaker, I urge my colleagues to vote "no."

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentlewoman from Indiana (Mrs. WALORSKI), who is a fellow Ways and Means Committee member and advocate for children.

Mrs. WALORSKI. Madam Speaker, I thank Representative BLACK.

Madam Speaker, I rise today in strong support of H.J. Res. 43. This resolution will overturn an Obama administration rule that forces States to direct Federal funds to abortion providers like Planned Parenthood.

States receive Federal funding to support family planning services, and they have the discretion to distribute these title X funds in the way that best serves their communities. Many States have exercised their discretion to direct title X funding to community health centers and family health clinics that do not provide abortions and withhold funding from abortion providers like Planned Parenthood.

It is just common sense that States know the needs of their people and their communities better than Washington bureaucrats do. The States should be able to decide how these Federal funds are distributed.

Unfortunately, the Obama administration disagreed, so they issued a last-minute regulation in their final days in office that would force States to distribute funding to abortion providers. Their rule would take away States' abilities to direct title X funds to providers that offer comprehensive care but do not participate in abortion. It would force States to enable the flow of funds to Planned Parenthood and others in the abortion industry. I think it is reprehensible.

Now Congress has the opportunity to right this wrong and undo the massive overreach. We are taking action to defend taxpayers and defend life by using the Congressional Review Act to overturn this rule. Overturning this rule won't reduce funding for women's health care. In fact, it will let States direct these funds in the way that is best for their citizens. It will ensure States can support women's health as well as protect the unborn.

Madam Speaker, this resolution is essential to rolling back executive overreach and standing up for the sanctity of life. I urge my colleagues to join me in supporting H.J. Res. 43.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, I thank the gentlewoman for her leadership.

This is not about States, and it is not about the Federal Government. It's about women and the rights of women. H.J. Res. 43 could impact nearly 4 million primarily low-income patients that receive family planning services at title X sites, annually, across the United States.

Of those 4 million patients, approximately 69 percent had incomes at or below the Federal poverty line, while 61 percent of those patients claimed the title X clinic as their only regular source of health care. About 60 percent of women who access care from family planning health centers consider it their main source; 4 in 10, it is their only source of care.

Approximately 1.5 million Planned Parenthood patients benefit from the Nation's family planning program. Approximately 20 percent of these patients identify as Hispanic and approximately 50 percent as African Americans.

Every public dollar invested in Planned Parenthood, \$7.09 is saved in Medicaid-related costs. Planned Parenthood centers are roughly one-third of the program's clients, although Planned Parenthood health centers comprise 10 percent of the publicly supported safety and family net.

This resolution for which we should vote "no" is going to take away money from people who are in need, who need

health care. Where are the Republicans on women's rights?

Madam Speaker, I rise in strong opposition to H.J. Res. 43, a congressional resolution rescinding a rule promulgated by the U.S. Department of Health and Human Services providing important protections to ensure that women, men, and young people can see trusted reproductive health care providers, like Planned Parenthood, through the Title X family planning program.

I oppose the disapproval resolution because it is nothing more than a blatant attempt to persecute Planned Parenthood and make it easier for the state politicians to take away people's health care, specifically, the four million people who rely on Title X for birth control and other care.

From birth control, to well-woman exams, to cancer screenings, millions of Americans nationwide turn to Planned Parenthood and other safety net reproductive health providers as their trusted source of health care.

Many of these Americans, including low-income women, women of color, and those living in rural areas, are uninsured and rely on important public health programs for affordable health care, including Medicaid and the Title X family planning program.

But their access to health care is under attack across the country because in recent years because politicians in at least 14 states have taken action to block access to care through Title X, willfully ignoring the law, the recommendations of public health experts, and the clear and present need in their communities.

In September 2016, HHS issued a notice of proposed rulemaking (NPRM) titled "Compliance With Title X Requirements by Project Recipients in Selecting Subrecipients" aiming to explicitly bar these types of actions.

HHS opened the proposed regulation to public comment, which closed in October 2016 and garnered widespread support, with 91% of the roughly 145,000 responses in favor of the rule.

Madam Speaker, Title X provides lifesaving, preventive care to millions of people and is cost-effective.

Title X helps ensure more than four million persons of low-income have health care in this country.

In fact, Title X is the only way that millions of low-income women or uninsured women have access to birth control, cancer screenings, STI tests, and other basic care.

Eighty-five percent of the people served by Planned Parenthood's family planning program have incomes below 200 percent of the federal poverty level, and 48 percent are uninsured.

In 2015 alone, Title X provided nearly 800,000 Pap tests, breast exams to 1 million women, nearly 5 million tests for STIs, and 1 million HIV tests.

About 60 percent of women who access care from a family planning health center consider it their main source of health care; for 4 in 10, it is their only source of care.

Approximately 1.5 million Planned Parenthood patients benefit from the nation's family planning program, 78 percent of whom live with incomes of 150 percent of the federal poverty level or less, the equivalent of \$35,775 a year for a family of four in 2014.

Approximately 20 percent of these patients identify as Hispanic; and approximately 15 percent identify as African American.

For every public dollar invested in family planning, \$7.09 is saved in Medicaid-related costs; that is savings to both federal and state governments and taxpayers.

Planned Parenthood health centers serve roughly one-third of the program's clients, although Planned Parenthood health centers comprise 10 percent of publicly supported safety net family planning centers.

Planned Parenthood health centers are located in the communities where access to care is most needed.

More than half of Planned Parenthood's health centers across the U.S. are in rural and underserved communities with limited access to health care.

Seventy-five percent of Planned Parenthood patients have incomes at or below 150 percent of the federal poverty level (FPL).

The idea that other providers could absorb Planned Parenthood's patients has been resoundingly dismissed by experts.

In fact, the American Public Health Association called the idea "ludicrous."

Planned Parenthood health centers are also considerably more likely to offer Title X patients a broader range of contraceptive methods than other providers.

In a study of Community Health Centers (CHCs), among CHCs that reported an independent family planning clinic in their largest site's community, 69 percent reported referring their patients to providers specializing in reproductive health services, like Planned Parenthood health centers, for family planning care.

H.J. Res. 43 is a blatant effort to embolden states to try to block women from getting birth control and other preventive care at highly qualified family providers.

By issuing this important protection, the Obama Administration made sure that politicians cannot ignore the law and stand in the way of the care that women need.

I urge all Members to vote No on H.J. Res. 43.

Madam Speaker, I include in the Record a letter and article in opposition to this resolution.

FEBRUARY 14, 2017.

Hon. MITCH MCCONNELL,
Senate Majority Leader,
Washington, DC.

Hon. CHARLES SCHUMER,
Senate Minority Leader,
Washington, DC.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR LEADER MCCONNELL, SPEAKER RYAN, LEADER SCHUMER AND LEADER PELOSI: As organizations committed to improving access to health care for all people, the undersigned groups write to strongly oppose H.J. Res. 43 and S.J. Res. 13, legislation to overturn the U.S. Department of Health and Human Services (HHS) final rules updating the regulations governing the Title X family planning program. This critical rule clarifies and reinforces the longstanding requirement that health care providers may not be excluded from the program for reasons unrelated to their qualifications to perform Title X-funded services.

The Title X family planning program is a vital source of family planning and related preventive care for low-income, uninsured, and young people across the country. Every year, more than 4 million individuals, in-

cluding LGBTQ people and people living in rural and medically underserved areas, access life-saving care such as birth control, cancer screenings, and testing for sexually transmitted infections (STIs) including HIV at Title X-funded health centers. Title X cannot succeed unless states and other Title X grantees include providers that are optimally qualified to furnish the range of Title X-funded services according to national standards of care. This task becomes all but impossible if experienced, reputable reproductive health care providers are arbitrarily barred from fair consideration.

An increasing number of states have nevertheless tried to block trusted reproductive health care providers from participating in Title X. To date, at least 14 states have taken official action to target and exclude otherwise eligible providers from the program. Other states have threatened to follow suit. Mounting evidence shows that the exclusion of reproductive health care providers from publicly funded health programs harms health outcomes, widens disparities, and erects new barriers to care. When the very providers that are best suited to deliver Title X-funded services are targeted for exclusion based on factors wholly unrelated to the program's objectives, federal health care resources are poorly and inefficiently distributed and care is less likely to reach individuals in need.

Ideological exclusions of trusted, highly qualified providers from federally supported health programs undermine health care access and jeopardize the health of the patients these programs serve. Title X patients deserve the opportunity to obtain high-quality family planning care from the providers that are best equipped to provide it. As such, we strongly support HHS's rule reinforcing that grantees must design their provider networks based on the ability to provide care to Title X patients in an effective manner—not based on the political preferences of state lawmakers.

We strongly urge you to oppose H.J. Res. 43 and S.J. Res. 13, legislation that will overturn this important rule and embolden states to attempt to block women from getting birth control and other preventive care at highly qualified family providers.

Sincerely:

Advocates for Youth; AIDS Foundation of Chicago; AIDS United; American Association of University Women (AAUW); American Civil Liberties Union; American Medical Student Association; American Society for Reproductive Medicine; Anti-Defamation League; Asian & Pacific Islander American Health Forum; Catholics for Choice; Center for Reproductive Rights; Feminist Majority Foundation; Hadassah, The Women's Zionist Organization of America, Inc.; Human Rights Campaign; Human Rights Watch.

Ibis Reproductive Health; In Our Own Voice: National Black Women's Reproductive Justice Agenda; Institute for Science and Human Values; The Leadership Conference on Civil and Human Rights; Methodist Federation for Social Action; NARAL Pro-Choice America; National Abortion Federation; National Asian Pacific American Women's Forum; National Center For Lesbian Rights; National Council of Jewish Women; National Family Planning & Reproductive Health Association; National Health Law Program; National Latina Institute for Reproductive Health; National LGBTQ Task Force Action Fund; National Organization for Women; National Partnership for Women & Families.

National Women's Health Network; National Women's Law Center; People For the American Way; Physicians for Reproductive Health; Planned Parenthood Federation of America; Population Connection Action

Fund; Positive Women's Network—USA; Raising Women's Voices for the Health Care We Need; Religious Institute; Sexuality Information and Education Council of the U.S. (SIECUS); The Black Women's Health Imperative; The United Methodist Church, Church and Society; Unitarian Universalist Women's Federation; United Church of Christ, Justice and Witness Ministries; URGE: Unite for Reproductive & Gender Equity; Voices for Progress.

[From Mother Jones, Jan. 31, 2017]

SENATE REPUBLICANS TAKE THE FIRST STEP
TO DEFUND PLANNED PARENTHOOD

(By Hannah Levintova)

Leticia Parra, a mother of five scraping by on income from her husband's sporadic construction jobs, relied on the Planned Parenthood clinic in San Carlos, an impoverished town in South Texas, for breast cancer screenings, free birth control pills and pap smears for cervical cancer.

But the clinic closed in October, along with more than a dozen others in the state, after financing for women's health was slashed by two-thirds by the Republican-controlled Legislature.

The cuts, which left many low-income women with inconvenient or costly options, grew out of the effort to eliminate state support for Planned Parenthood. Although the cuts also forced clinics that were not affiliated with the agency to close—and none of them, even the ones run by Planned Parenthood, performed abortions—supporters of the cutbacks said they were motivated by the fight against abortion.

In December, the Department of Health and Human Services finalized a rule that would prohibit states from withholding federal funds—including Title X family planning money—from Planned Parenthood. On Monday afternoon, a Republican senator introduced a bill that would reverse it, along with a second bill that would prohibit Planned Parenthood from receiving any federal funding—including Medicaid.

The bills, from Sen. Joni Ernst (R-Iowa), would redirect federal funds away from Planned Parenthood to other health care providers. The Hyde Amendment already prohibits federal funds from being used for most abortions, but this legislation would bar low-income women who rely on Medicaid and Title X funding for subsidized care from obtaining other women's health care services at Planned Parenthood.

"With a pro-life president in the White House and pro-life majorities in the House and Senate, we will continue to work together this year to undo the damage done by the Obama administration," wrote Ernst and Rep. Diane Black (R-Tenn.) in an op-ed published in the Washington Examiner on Friday, the day of the annual anti-abortion March for Life.

The text of one of the bills, S. 241, explains that other entities, including "state and county health departments, community health centers, [and] hospitals," will be able to fill women's health care needs, including contraception, STI testing, and cervical and breast cancer screening. Many health experts say other health providers would not be able to absorb Planned Parenthood's patients. An analysis conducted by the Guttmacher Institute, which publishes research on reproductive health, found that in two-thirds of the counties that have a Planned Parenthood center, these centers serve at least half the women seeking publicly funded contraceptive care. In one-fifth of those counties, Planned Parenthood is the only provider of fering subsidized contraceptive care.

"If passed, these bills will cause a national health care crisis, leaving millions with no-

where to go for basic care," said Dana Singiser, vice president of public policy and government affairs for the Planned Parenthood Federation of America, in a statement.

Texas offers an example of what women's health care looks like when Planned Parenthood is excluded from public funding. In 2011, the state stopped state funds from going to Planned Parenthood, leading to numerous clinic closures. Other health centers attempted to step in, but Medicaid contraception claims declined by 35 percent, suggesting that fewer low-income women were obtaining contraceptive care. There was also an increase in childbirths among women receiving Medicaid who'd previously received contraception from Planned Parenthood clinics.

A bill to deny federal funds to Planned Parenthood passed both chambers of Congress last year, but was vetoed by then-President Barack Obama. Trump is likely to sign Ernst's version of this bill should it cross his desk: Throughout his campaign, Trump promised that defunding the women's health care provider would be a priority for his administration.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. WEBER).

Mr. WEBER of Texas. Madam Speaker, I rise with my Republican colleagues in support of H.J. Res. 43.

Under the Obama administration's last-minute rule change to title X funding, States like Texas are prevented from establishing criteria that would eliminate abortion providers from receiving title X grant money.

States have the right and responsibility to choose the health providers that best provide and serve the needs of their moms and their babies. During my time in the Texas Legislature, we used the Alternatives to Abortion program.

This program provides low-income pregnant women and their babies care items during pregnancy, and it also provides preventing information. It also funds the counseling referral and pregnancy information hotline and the Texas Pregnancy Care Network. Additionally, this program supports groups in maternity homes, provides referrals to community and social service programs like child care, and offers classes on life skills, budgeting, parenting—yes, parenting—stress management, and GED preparation.

□ 1415

Nationally, 13,000 federally qualified health centers and rural health centers provide comprehensive healthcare services to low-income moms and their babies.

In my district, the 14th Congressional District, over 30 clinics are committed to our community, including moms and their babies. These organizations do a terrific job of supporting women, and yes, their babies, too.

We are not cutting funding. We are not cutting care. We are ensuring that Federal health centers have the funds and the support they need to give the women and the babies the care that they deserve.

I want to thank the gentlewoman from Tennessee for her efforts to stand up for women and their babies.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the distinguished gentlewoman from California (Ms. LEE).

Ms. LEE. Madam Speaker, let me thank Congresswoman DEGETTE for her tireless leadership in fighting for women's health, for healthy families in general, and for our children.

I rise in strong opposition to H.J. Res. 43. It is no surprise that, once again, congressional Republicans are trying to undermine women's access to health care and basic family planning services.

This ideological crusade—and that is what it is—will hurt those who need help the most, including low-income women, women of color, and young women. It would also deny thousands of families from choosing their provider of choice—and sometimes the only accessible provider—under title X.

Not only is this resolution antiwoman, it is also counterproductive. We know that for every dollar spent on title X family planning, we save more than \$7 on Medicaid-related costs. But my Republican colleagues are so determined to take family planning options away from low-income women that they are prepared to put ideological perspectives above public health.

As a member of the Labor, Health and Human Services Subcommittee of the Appropriations Committee, I, unfortunately, see these attacks on women's health all too well. Last year, Republicans tried to completely eliminate funding for title X.

So don't be fooled. This piece of legislation is not about Planned Parenthood. It is about Members of Congress trying to control women's bodies.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Madam Speaker, I thank Representative BLACK for her work on this subject.

I rise today in strong support of H.J. Res. 43, a joint resolution to stop an Obama administration rule that will force States to send taxpayer dollars to abortion providers, including abortion giant Planned Parenthood.

In addition to last year's shocking videos where we heard high-ranking Planned Parenthood officials use jarring language such as doing a less crunchy type of procedure to preserve body parts, we have recently learned in Pennsylvania that Planned Parenthood was using false advertising on its websites.

The Pennsylvania Family Institute recently found that each Planned Parenthood affiliate in Pennsylvania does not provide prenatal services, even though all 27 Planned Parenthood locations in Pennsylvania had listed "prenatal" as a service on their website.

After these clinics were called and asked, Do you provide prenatal services, not one had any such services to offer, but they did offer terminations. Planned Parenthood has since removed

the word “prenatal” from their booking appointments website.

They should not be receiving one dime of Federal dollars when they are actively attempting to deceive women to get them in the door. Abortion is not health care. Subsidizing the destruction of human life with Federal dollars in the name of family planning is simply unconscionable.

I urge my colleagues to join me in defending the lives of the unborn and support this important joint resolution.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. JUDY CHU).

Ms. JUDY CHU of California. Madam Speaker, I rise today in strong opposition to H.J. Res. 43. This bill is another in a long line of attacks on women’s health, women’s choices, and women’s lives.

For 50 years, title X has been the only federally funded program dedicated to providing comprehensive family planning services for low-income patients. Thanks to title X, these women have gained access to services like birth control, STD testing, cancer screenings, counseling, and sex education.

For most of its history, title X has received broad, bipartisan support from Congress. That is because it has helped millions of women and families. But now, Republicans are using this long-standing program to continue their attack on women’s health.

Last year, Republicans eliminated title X funding from their budget altogether. This bill is just the latest attempt to do the same thing by putting family planning resources out of reach for poor women across the country. We cannot let this happen. We cannot let healthy pregnancies and healthy families become a luxury reserved only for the wealthy. It must remain a right for all.

I urge my colleagues to vote against this resolution.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentlewoman from Missouri (Mrs. HARTZLER), chair of our Values Action Team.

Mrs. HARTZLER. Madam Speaker, I rise today to offer my unwavering support for the lives of the unborn, to stand in solidarity with the States, and to urge my colleagues to support the passage of H.J. Res. 43.

This resolution does not cut a dime from family planning funding available to States. It simply enables States to direct the funding towards nonabortion “whole women” healthcare providers, such as rural health clinics and federally qualified health centers.

It is important to remember that, for every Planned Parenthood clinic, there are 20 federally qualified health centers. Each year, these centers serve over 21 million American women. This is almost eight times the impact of Planned Parenthood clinics.

We know that Federal law requires that federally qualified health centers provide mammograms, prenatal serv-

ices, and emergency medical services, none of which are offered by Planned Parenthood clinics.

The States were wise to prioritize such quality health care for women with title X funds. Prior to this new, heavy-handed, agenda-driven policy, the States maintained the flexibility to determine grant recipients. This last-minute Obama administration rule effectively nullifies the policy of 13 States that want to prioritize women’s health over abortion.

This Obama-era rule could also impair funding for another 10 States that have chosen comprehensive care over abortion-focused clinics like Planned Parenthood. But it gets worse. Of the 13 States impacted by this rule, five States—Tennessee, Kansas, Oklahoma, Arkansas, and Ohio—could lose almost \$16 million in title X funding for failing to abide by the rule. This regulation forces these States to forego their title X funding for all of the women in their State.

Today’s resolution resolves this encroachment on the States, rolls back this last-minute rule, and restores flexibility to the States so that women can receive the health care they deserve.

I would like to thank Chairman BLACK for her work on this resolution, and I urge my colleagues to support the passage of H.J. Res. 43.

Ms. DEGETTE. 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, the war on women is escalating and more dangerous with H.J. Res. 43.

Let’s not beat around the bush. Let’s call this joint resolution what it really is. It is a backdoor attempt to restrict access to a woman’s constitutional right to an abortion.

We all know that Federal funding for abortion is already prohibited, but this goes further—much further. It cuts off funding for contraception, screenings, and treatment if a provider also offers abortions paid for with private funds.

Providers either stop doing abortions or they lose the Federal funds they need to keep their doors open to serve their communities. In other words, the supporters of this resolution are willing to sacrifice women’s access to basic healthcare services in order to stamp out abortion. It is cruel, it is wrong, and I would say it is discriminatory. When is the last time this body was called upon to cut off access to basic health care for men?

Vote “no.”

Mrs. BLACK. Madam Speaker, I yield 1 minute to the gentleman from Florida (Mr. THOMAS J. ROONEY).

Mr. THOMAS J. ROONEY of Florida. Madam Speaker, as one of his final acts in office, President Obama issued a rule requiring that States give title X family planning fund grants to abortion providers like Planned Parenthood.

States have always had the autonomy to distribute these grants to providers that they choose. Obama took that freedom away from States by requiring them to directly fund abortions under the false assertion that this provides women with greater access to health care. That is just not true.

What people seem to forget is that for every 1 Planned Parenthood facility in the United States, there are 20 federally funded community health centers that stand ready and eager to provide health services to women and don’t perform abortions.

States should be able to make their own healthcare decisions. By passing this resolution, we return that power to the States.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentlewoman from Florida (Ms. FRANKEL), the chair of the Democratic Women’s Working Group.

Ms. FRANKEL of Florida. Madam Speaker, for women to thrive in the economic and social opportunities of our Nation, we must have the ability to control our own reproductive lives with full access to healthcare choices.

Now, here we go again: another Republican bill aimed at taking us back to the dark, dangerous days when women were prisoners of their own bodies; back to 50 years ago when Katy, a nurse in Florida, had no access to legal contraception or abortion. She was a mother of two, recently divorced.

Pregnant and unable to responsibly raise another child, she made an appointment on the phone with a nameless person who met her on a lonely street corner in Miami. She blindfolded her, hid her under a rug in a car, and took her to a garage where she had an abortion.

But Katy was one of the lucky ones. She survived. Not so fortunate were the women who threw themselves down stairs or inserted chemicals or coat hangers into their uteruses in order to terminate their pregnancy.

Madam Speaker, we will not go back to those dark, dangerous days.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BANKS), one of our freshman Members.

Mr. BANKS of Indiana. Madam Speaker, I rise today to voice my strong support for H.J. Res. 43, which would overturn the previous administration’s title X family planning funding rule.

In December, the Obama administration finalized a misguided rule which dictates that States must send title X family planning grant money to abortion providers. Even more, this rule also threatens to deprive noncompliant States, such as Representative BLACK’s home State of Tennessee, of all title X family planning funds.

This politically motivated requirement was made neither in the interest of protecting life, nor in the interest of the States.

Under the rule, States that decline to send title X funds to abortion clinics

would lose their title X funding completely. If States make the decision they want to use their funding to affirm life, then they should be allowed to do so. This rule blatantly steps all over states' rights and goes out of its way to favor abortion providers at the same time.

Let's ensure States continue to have the freedom and flexibility to make the right decisions for themselves. That is exactly what I have advocated for my entire career, both in the Statehouse in Indiana and again here on the floor of the U.S. House of Representatives.

I express my strong support for the passage of H.J. Res. 43, introduced by Representative BLACK.

□ 1430

Ms. DEGETTE. Madam Speaker, may I inquire as to the time remaining on each side?

The SPEAKER pro tempore. The gentlewoman from Colorado has 15 minutes remaining. The gentlewoman from Tennessee has 8 minutes remaining.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentlewoman from Washington State (Ms. JAYAPAL).

Ms. JAYAPAL. Madam Speaker, I rise in strong opposition to this resolution. For many people, particularly women, title X funding literally means the difference between receiving reproductive health care or being forced to go without birth control, critical cancer screenings, and other preventive care.

For the 4 in 10 women who access health care at title X-funded providers, cutting this funding would mean cutting their access to health care altogether. For people of color, rural communities, and those who struggle to make ends meet, cutting title X funds will certainly have a disproportionate impact.

Let's be very clear that these funds are not controversial, but the Republican majority in Congress and anti-choice groups are doing their best to create a false narrative in order to demonize this funding, which has done nothing but improve the lives of millions of people. Cutting this funding would actually increase the number of unwanted pregnancies by nearly 1 million in just a year alone and would increase abortions by 33 percent.

Women need title X so they can continue to make decisions with their doctors. It is 2017, and a woman's uterus is not a political football.

Ms. BLACK. Madam Speaker, I must, once again, talk about what this resolution really does. This resolution empowers States. It empowers States that are able to choose to invest in women's health care over abortion by sending those title X dollars to clinics that do not destroy innocent life. My colleagues on the other side talked about how this is destructive to women's health. I want to just mention that the true destruction to women's health is abortion. That is the little girl who is aborted that will never know about being a woman.

This bill does nothing to prohibit States from deciding where to best use their dollars, but in States such as mine in Tennessee for the last 6 years, who have made that decision to send their dollars to facilities that they believe give the best women's health care, comprehensive health care, to over 75,000 women in our State, more than many States that surround us that have larger populations.

If this were prohibiting women from getting services, we wouldn't be so successful with providing services to more than 75,000 women in our State. We haven't seen a decrease in services. We have seen an increase in services. If you were to ask these women what they thought about services that they are getting in these other facilities such as Department of Health and federally qualified health centers, you would see they are very satisfied because they get comprehensive services that go beyond what places like Planned Parenthood can even provide for them. They do mammograms, they do procedures if there are cancer cells found in a woman's cervix.

So this whole ruse that this is a war on women and that we are taking away women's right to healthcare services is a ruse. All this does is to say, if a State like Tennessee decides this is the best place to give the best quality of care for a woman, and hopefully their babies and their children—which, if you go to these clinics, you will see them all running around, they have life—it just gives them the choice to do that.

Don't take away that choice from my State. Don't punish my State because we do what we believe is the best thing for women's health.

Madam Speaker, I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentleman from California (Mr. BERNA).

Mr. BERNA. Madam Speaker, I thank my colleague for her leadership on this subject.

I am a doctor, and I have worked in low-income and free clinics, and I know title X funding works. It has impact. Here is how we also know it works: by expanding access to full reproductive services under the Affordable Care Act and contraception, we have seen a dramatic reduction in the number of unintended pregnancies.

We are debating the wrong thing here. We should be increasing title X funds right now. We should be debating how we make access to full reproductive services more readily available. That is what the women of America want.

I urge my colleagues to vote "no" on this dangerous bill. I urge my colleagues to understand the women of America are watching.

I also urge, if somehow this makes it to the President's desk: The mothers and daughters, Mr. President, are watching; so be careful here. This is about preserving access to care and full reproductive rights. We are watching.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

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

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentlewoman from Maine (Ms. PINGREE).

Ms. PINGREE. Madam Speaker, title X family planning services are an essential lifeline for Mainers who need access to high-quality preventive and reproductive care, from cancer screenings to STI testings, to birth control. The resolution we are debating today threatens access to these critical services.

Every year, Maine's network of title X providers serves more than 22,000 individuals in nearly every county, including some of the most rural and underserved communities in our State. Sixty-five percent of last year's patients had outcomes that qualified them for free or reduced-cost services.

Family planning health centers often end up being their patients' primary source of health care. Providers are trusted members of the community. The care they deliver is high quality, and often they are the only affordable local option. Without title X funds, thousands of women and men throughout Maine would struggle to access and afford alternative primary care.

At a time when Republicans want to repeal the Affordable Care Act without a replacement plan, it is more important than ever to preserve title X as a cornerstone of our safety-net healthcare system.

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

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. Madam Speaker, I thank my friend for her incredible leadership on this issue.

Rather than working across the aisle with Democrats to grow our economy, to rebuild older communities, to create new jobs, Republicans are, again, focused on attacking women's health, undermining healthcare programs that provide preventive care for over 4 million Americans, many low-income women who would otherwise be uninsured.

Eliminating this rule makes it harder for women and families to have access to lifesaving cancer screenings, for example, birth control, and other vital health services. These funds are providing necessary health services, Madam Speaker, and everyone in this debate knows what this is about. These dollars do not support abortion. We know Federal law prohibits these dollars from being used for that purpose, but to hear our friends on the other side, they would imply that is the case.

Now, there is and should be a legitimate debate on that subject, but it has been the law and it continues to be the law that these dollars are not used for abortion services. This is about health care. This is about lifesaving health

care for women, and it ought to be preserved.

Mrs. BLACK. Madam Speaker, I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentlewoman from Michigan (Mrs. LAWRENCE).

Mrs. LAWRENCE. Madam Speaker, I rise today in strong opposition to H.J. Res. 43, yet another partisan attack against women's health care.

For more than four decades, title X has helped some of the most underserved women in our country get access to family planning services that otherwise would not have been received.

Once again, some of my colleagues believe that they have the right to impose their beliefs on a nonpartisan issue. Instead of allowing women to choose family planning services that are right for them, this Chamber is voting to take that choice away. Instead of attacking legitimate title X qualified providers who serve women across our country, our Chamber should be working to ensure that all Americans have the right to quality health care.

Madam Speaker, I urge my colleagues to stop this attack on women's health care. I urge my colleagues to defeat this resolution.

Ms. DEGETTE. Madam Speaker, it is my understanding that the other side is reserving its time to close. Is that correct?

Mrs. BLACK. That is correct.

Ms. DEGETTE. I yield 1 minute to the gentlewoman from Massachusetts (Ms. CLARK).

Ms. CLARK of Massachusetts. Madam Speaker, I thank the gentlewoman from Colorado for all her leadership.

We are barely 6 weeks into this new Congress and the Republicans are back at it again, attacking comprehensive health care for American women. The regulation under attack says that in order to be awarded title X funding, you must be able to deliver the services. Those services are family planning and related preventative health services.

The majority is correct, we are not talking about abortion because abortion is not funded by title X.

Why would Republicans oppose this regulation?

Because it allows them a backdoor way to make funding decisions based on ideology, not quality of care.

Don't we want the best health outcomes for the over 4 million patients who benefited last year from HIV tests, breast exams, and contraception coverage under title X?

Title X-funded healthcare providers around this country are high-quality professionals who provide needed care for millions of families, many of whom are underserved. I oppose this resolution.

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the gentleman from New York (Mr. ENGEL), a member of

the Committee on Energy and Commerce.

Mr. ENGEL. Madam Speaker, this is not a women's issue or a men's issue. It is an issue for what is right. People have a right to make health choices. If someone doesn't believe in abortion, then make that choice for yourself. If someone believes in something else, then they have the right to make that choice. So eligibility for title X funding should be based on a provider's ability to provide family planning services, period. Whether a provider offers safe and legal abortions with private funds should not be used to prevent women and men from getting preventive care like cancer screenings or HIV tests. That is all the rule requires.

It should not be controversial. Yet, here we are.

What effect would this Congressional Review Act have?

Well, Kansas has given us an ominous preview. When Kansas defunded providers that offered abortion services, the number of Kansans accessing cancer screenings, STI tests, and other care through the title X program plummeted by thousands. A vote for this CRA is a vote to multiply that number.

The Americans who will be affected by this CRA will lose the opportunity to see the provider of their choice, sometimes the only viable provider.

Why would we want to put women—why would we want to put anybody in that category, where they cannot see the only viable provider because someone else doesn't like what the doctor can do?

I urge my colleagues to vote "no." My Republican friends always talk about individual freedom and how important it is. This is an individual freedom of a woman's right to control her own body and to make personal choices on health care. We should not interfere with that. We should allow the most and the best health care to be available to all people. I urge a "no" vote.

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the gentleman from New York (Mr. NADLER).

Mr. NADLER. Madam Speaker, Republicans are continuing their crusade to cut off access to comprehensive family planning services. Last year they tried to zero out title X in their budget. This year they intend to repeal ACA's cost-free contraception coverage for women with private insurance. Today Republicans are attempting to stop the flow of title X grants to health centers around the country.

Title X grants ensure that low-income families have access to birth control and can plan their pregnancies so that moms and kids stay healthy. Research has shown that without these vital services, the unintended pregnancy rate would be 33 percent higher and the number of abortions would also be higher. My anti-choice Republican colleagues should cheer this program, but instead not only are Republicans trying to defund Planned Parenthood so they won't be able to provide con-

traception help, but now we are hypocritically rolling back a rule that allows title X funds to flow to reproductive health centers, which are the most effective providers of title X services and which we were told would provide the contraception and other health services that Planned Parenthood no longer would be able to.

□ 1445

Women are watching us today. They know that this joint resolution is nothing more than another attempt to stop low-income women from accessing the health care they need and to allow the government to once again step between women and their doctors.

It is no secret I support a woman's constitutional right to access abortion; but even if you don't and are committed to reducing abortion in this country, you should step up to the plate and support comprehensive and robust family planning for all women. This joint resolution should do the opposite. We should all support contraception for the women of this country.

I urge my colleagues to reject this joint resolution.

Ms. BLACK. Madam Speaker, I continue to reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Madam Speaker, well, here we are again, considering legislation that would harm women and families.

Let's be clear: House Republicans do not support family planning title X. For years, Republicans have tried to completely eliminate funding for title X through the appropriations process. So think about that. We are debating contraception in 2017—astonishing.

Title X provides millions of low- and middle-income men and women with access to reproductive healthcare services. The joint resolution we are voting on today would allow States to discriminate against title X providers who perform abortion with non-Federal funds by removing them from the program, leaving patients with few options for the care they need.

Again, let's be clear. If you want to reduce the number of abortions, you need to ensure everyone has access to family planning. Teen pregnancy and the rate of abortion are at historic lows because we have worked to make contraception more affordable and accessible.

For over 60 percent of title X patients, the clinics they visit for family planning services are their only regular source of care, and yet we are considering legislation that would result in clinic closures and would prevent men and women from seeing trusted providers in their own communities.

Do Republicans oppose cancer screening for cervical breast cancer? Do they oppose STI testing? Do they oppose contraception? The answer seems to be yes because Republicans continue to

ignore these facts in their effort to harm women's health.

I urge my colleagues to put an end to the war on women and to oppose this very dangerous legislation.

Ms. BLACK. Madam Speaker, I continue to reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield myself the balance of my time to close.

Madam Speaker, we hear today this really isn't about denying women and families access to family planning and birth control because States would just simply take that title X money and put it somewhere else. Unfortunately, this seems to be a bit of magical thinking. Even the Congressional Budget Office said that as many as 390,000 women would lose access to care and 650,000 women would have reduced access if legislation like this passed.

The fact of the matter is you can't simply shift all of these people from title X family planning centers like Planned Parenthood to community health centers, as the other side asserts. For one thing, 69 percent of the community health centers actually refer patients to family planning providers like Planned Parenthood, and only 19 percent of community health centers report that their largest sites both prescribe and dispense all types of contraceptive methods. Only half of community health centers that received title X funding provide IUDs and other types of long-acting birth control, the most effective type of birth control, so you can't just shift everybody else someplace else.

In fact, the National Association of Community Health Centers itself said that they could not treat all of the patients that Planned Parenthood now has if this legislation went through. Let's just call this joint resolution what it is. It is an attempt to take away important family planning resources from the women and families of America.

Now, I think if we all support title X when the annual appropriations bill comes up this year, I would ask my colleagues on the other side of the aisle to please join me and my colleagues in an effort to increase title X funding. In all the years I have been in Congress, I have seen attempt after attempt not only to reduce abortion availability, but also to stop family planning services. I think that is something we could agree with on, and I think we could do that.

So in the meantime, let's make sure that the women of America can get access to the family planning they need, and let's continue to give family planning money to all of these interests to do that.

Again, I would like to reiterate, we have no family funding for abortions. That is the law. I don't like the law, but that is the law. We are talking about family planning and title X. That needs to be preserved and enhanced. Vote "no" on this joint resolution.

I yield back the balance of my time. Mrs. BLACK. Madam Speaker, I yield myself the balance of my time.

I include in the RECORD letters from March for Life Action, Christian Medical and Dental Associations, and United States Conference of Catholic Bishops.

MARCH FOR LIFE ACTION,
Washington, DC, February 15, 2017.

REPRESENTATIVE,

House of Representatives, Washington, DC.

DEAR REPRESENTATIVE: On behalf of March for Life Action and the hundreds of thousands of our supporters and fellow marchers, I urge you to vote in favor of H.J. Res. 43, sponsored by Rep. Diane Black (R-TN). When H.J. Res. 43 comes to the House floor for a vote we will be scoring the vote in our annual scorecard for the First Session of the 115th Congress.

In the waning days of his Administration President Barack Obama, using his power at Health and Human Services, issued a rule that locked down federal grants for abortion-giant Planned Parenthood but also usurped state's rights by blocking states seeking to defund the abortion industry and redirect funds to county health departments, community health centers and other clinics that put women's health above an abortion agenda.

H.J. Res. 43 does not reduce funds for family planning, but allows states to assure that taxpayer funds do not support or underwrite abortion providers when so many Americans have ethical reservations about this procedure. The time has come for a clean break between government support of family planning activities and abortion.

Again, on behalf of March for Life Action, I strongly encourage your vote for H.J. Res. 43. March for Life Action will score this vote in our annual scorecard.

Sincerely,

THOMAS MCCLUSKY,
Vice President of Government Affairs.

CHRISTIAN MEDICAL &
DENTAL ASSOCIATIONS,
Bristol, TN, January 16, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives, Washington,
DC.

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate, Washington, DC.

DEAR SPEAKER RYAN AND MAJORITY LEADER MCCONNELL: Thank you for your strong, principled and common-sense leadership on the issue of preventing American tax dollars from funding abortion on demand. Thank you also for your commitment to providing healthcare access to the poor and other vulnerable patients in need.

On behalf of the over 18,000 members of the Christian Medical Association, we urge you to:

1. ensure the reallocation of funding currently used by abortion-performing, partisan political organizations such as Planned Parenthood, by directing that funding instead to the over 13,000 Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs); and

2. overturn, through the Congressional Review Act, the US Department of Health and Human Services (HHS) rule finalized December 19, 2016, titled "Compliance with Title X Requirements by Project Recipients in Selecting Subrecipients," in order to ensure that states are allowed to take a similar direction in allocating federal funding.

Many of our members serve in federally funded centers that focus on providing care to patients regardless of who the patient is or what the patient's values, orientation,

ethnicity or any other qualities may be. As you know well, needy patients depend on these centers and on physicians like our members to provide healthcare when likely no one else would provide healthcare for them. FQHCs provide comprehensive services and a "medical home" for whole families and work in the areas of most critical need.

According to the independent government watchdog GAO in 2012, FQHCs served 21 million individuals and provided services including STD testing, cancer screening and contraceptive management, as well as other services including immunizations and general child wellness exams. FQHCs and RHCs often meet patient needs on modest budgets, and those who serve in these centers often do so at great personal financial sacrifice. Unlike Planned Parenthood, which follows an aggressive business plan designed to maximize profits on services such as abortion, these centers exist for the purpose of serving the nation's most needy patients.

Yet some medical groups like the American Congress of Obstetricians and Gynecologists, whose pro-abortion ideology aligns with Planned Parenthood and whose members profit personally from working with Planned Parenthood, decry "political interference in the patient-physician relationship." This cry comes, oddly enough, while applying pressure on politicians to fund political groups like Planned Parenthood. It is also worth observing what sources such as the nonpartisan Center for Responsive Politics and PolitiFact National have confirmed—that Planned Parenthood spends millions of dollars each year for one partisan purpose: to elect Democrats and defeat Republicans.

It's hard to get more political than that, and it's impossible to get more politically partisan than that.

The majority of Americans do not want their tax dollars to subsidize abortion, and they certainly do not want their tax dollars to subsidize an abortion-performing partisan political machine. Because of the strong concern of American taxpayers, existing federal law addresses direct funding of abortion. However, the fungible nature of federal grants to Planned Parenthood means that every American's tax dollars, regardless of their convictions about abortion, are being used to prop up the abortion industry.

Any organization that wishes to avoid political entanglement can do so quite easily—by simply foregoing government funding. Those who seek funding should expect federal and/or state oversight, requirements and standards.

Even the most modest of standards should disqualify from federal funding organizations such as Planned Parenthood, given the recent findings of the Select Investigative Panel on Infant Lives, the list of 15 criminal and regulatory referrals made by the Panel, and the referral by the Senate Committee on the Judiciary to the FBI and the Department of Justice for investigation and potential prosecution.

If any organization can and should do without federal funding, the billion-dollar, corrupt abortion business Planned Parenthood is a prime example.

We respectfully urge you to reallocate American tax dollars away from such profit-centered, divisive and partisan organizations and provide funding instead to patient-centered, non-controversial and nonpartisan Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). And we urge you to ensure that states can do the same, applying reasonable state standards and requirements to those who seek to use taxpayer funds. Thank you very much for your consideration of these views, and for your leadership on this issue.

Sincerely,
DAVID STEVENS, MD, MA (Ethics) CEO.

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, SECRETARIAT OF PRO-LIFE ACTIVITIES,

Washington, DC, February 14, 2017.

DEAR REPRESENTATIVE: I write on behalf of the U.S. Conference of Catholic Bishops' Committee on Pro-Life Activities to urge your support for H.J. Res 43. This resolution of disapproval would nullify former President Obama's final rule relating to compliance with Title X requirements by project recipients. 81 Fed. Reg. 91852 (Dec. 19, 2016). The stated purpose of this rule change is to prevent states from excluding providers such as Planned Parenthood from sub-awards based on state criteria, such as a requirement that sub-recipients provide comprehensive primary and preventive care in addition to family planning services.

The Title X rule change is bad public policy and should be nullified for several reasons. First, it is deeply troubling to many Americans that Planned Parenthood, the nation's largest abortion network (performing over a third of all abortions), receives more than half a billion taxpayer dollars per year. This concern has rightly grown with revelations about Planned Parenthood's willingness to traffic in fetal tissue from abortions, and to alter abortion methods not for any reason related to women's health but to obtain more "intact" organs. Additionally, a recent revelation that the vast majority of Planned Parenthood facilities do not provide prenatal services provides additional evidence of its bias toward providing and promoting abortion.

Second, the Department of Health and Human Service's stated objective in preventing states from ensuring the seamless delivery of comprehensive care places the Department in a self-contradictory position. Last year in the Nation's highest court, HHS touted the seamless coverage of health services as a virtue. Indeed, the Department argued that seamlessness is a government interest of the highest order, sufficient to outweigh constitutionally and statutorily protected religious objections.

In this new rule, however, HHS takes the opposite position, saying that the seamless provision of services is an ill to be avoided. The present rule would ensure that the provision of care is fragmented, rather than seamless, because it would undermine state requirements that sub-recipients provide primary and preventive care in addition to family planning. Seamlessness cannot at one and the same time be a government interest of the highest order when it disadvantages religious organizations, but an affirmative ill to be avoided when it disadvantages Planned Parenthood.

Third, states may have other reasonable and persuasive grounds for disqualifying entities from sub-awards that go beyond the ability of such entities to "provide Title X services" as the rule states (81 Fed. Reg. at 91860). For example, a sub-award applicant may have been involved in fraudulent practices, or the applicant or its stakeholders may even have committed a crime, bearing on the applicant's fitness and suitability for a sub-award. Indeed, the requirements for federal awards and sub-awards in general are typically accompanied by all sorts of standards, many of which are imposed by the federal government itself, and those standards often have little or nothing to do with the ability to provide services (governmental guidelines are replete with such requirements). States may also have widely differing standards for sub-awardees based on the states' own policy judgment. Therefore, it should be permissible for states to decline to make a sub-award when the sub-awardee does not meet applicable criteria, whether federal or state, even if the entity is, strictly

speaking, able to "provide Title X services." Those criteria, of course, themselves remain subject to applicable federal and state law.

For each of these reasons, we urge you to support H.J. Res. 43.

Sincerely,

TIMOTHY CARDINAL DOLAN,
Chairman, Committee
on Pro-Life Activities,
United States
Conference of
Catholic Bishops.

Mrs. BLACK. Madam Speaker, the 10th Amendment of the Constitution reads pretty clearly to me: "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

I understand that there is a diversity of views represented in this Chamber on matters of health care and human life. I am not asking my colleagues to set those views aside with this vote. I am simply asking them not to substitute their judgment for the will of the States.

With this resolution, we are letting States care for their citizens the best way they know, just as they have had that ability for the past 45 years, and we are maintaining access to care for women and families.

I urge a "yes" vote on this resolution.

I yield back the balance of my time.

Ms. ESHOO. Madam Speaker, I rise today in opposition to H.J. Res. 43 which is another baseless and dangerous attack on women's health care providers.

The title X Family Planning Rule, passed almost 50 years ago, already requires states to base title X funding on a provider's ability to provide title X services. This rule protects title X providers from facing unwarranted discrimination and allows them to continue doing the important work 4 million Americans rely on every year. Title X services include family planning services, cancer screenings, birth control, STI testing and basic care. To diminish these services will result in women, men and young people with the greatest need being denied the opportunity to have any health care.

Whether or not a provider provides safe and legal abortions with private funds is irrelevant to their ability and capacity to provide title X services. In fact, it is preventive services and family planning offered through title X programs that help to lower the number of unintended pregnancies. But attacks on these providers and the services they offer in their communities persist.

This resolution rolls back protections that should already be guaranteed, but repeated attacks on family planning providers have resulted in the need for rules like the one this resolution dismantles. That is why I strenuously oppose this resolution. It should be rejected as an unjustified and unnecessary attack on title X programs and the services they provide for millions of low income Americans.

Mrs. DAVIS of California. Madam Speaker, it's been less than two months since the start of the 115th Congress and Republicans have already taken every opportunity to roll back progress made for women.

They have pledged to tear down the Affordable Care Act and block access to Planned Parenthood.

They passed a bill through the House that limits insurance coverage for comprehensive reproductive healthcare.

Now they've turned their sights to title X, a family planning program that is crucial for women's health.

There are serious consequences for scaling back title X: without the contraceptive services provided at these title X sites, pregnancy rates would be 30 percent higher among teens.

We in government should be making it easier for young people to make smart and informed decisions, not depriving them of the ability to be responsible about their health.

Please, Madam Speaker, think about those young women. Their lives and their health should be a concern to all of us.

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

Pursuant to House Resolution 123, the previous question is ordered on the joint resolution.

The question is on the engrossment and third reading of the joint resolution.

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

The SPEAKER pro tempore. The question is on the passage of the joint resolution.

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

RECORDED VOTE

Ms. DEGETTE. Madam Speaker, I demand a recorded vote.

A recorded vote was 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:

Passing H.J. Res. 69;

Passing H.J. Res. 43; and

Agreeing to the Speaker's approval of the Journal, 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 CONGRESSIONAL DISAPPROVAL OF FINAL RULE OF DEPARTMENT OF THE INTERIOR

The SPEAKER pro tempore. The unfinished business is the vote on passage of the joint resolution (H.J. Res. 69) providing for congressional disapproval under chapter 8 of title 5, United States Code, of the final rule of the Department of the Interior relating to "Non-Subsistence Take of Wildlife, and Public Participation and Closure Procedures, on National Wildlife Refuges in Alaska", on which the yeas and nays were ordered.