

for families who have needs, for families with small children, to make sure that until we can get our domestic production back online, we can supply what we need at a cost that is affordable to those families that are simply trying to take care of their kids. That is our obligation. That is why we swore the oath to come here and do this work. We have the tools in our hands to get this done.

I urge my colleagues to join us in this effort.

Mr. SMITH of Nebraska. Madam Speaker, I reserve the balance of my time.

Mr. BLUMENAUER. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, I thank the gentleman, Mr. BLUMENAUER, for his leadership and his cosponsor from Nebraska for his leadership.

Ninety percent of the stores in Houston are without baby formula. Texas was one of the hardest hit States. One of the most potent, powerful, and sad days was when I was able to find baby formula from a disaster organization, and in my district, in those early days, had a baby formula giveaway. Volunteers were looking to make sure that we were not giving out expired-date formula. All I can say is the lines of cars and the women who stopped to get out of the car to simply hug us, the strollers that came up—baby formula is a lifeline.

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Baby formula is a lifeline. This legislation breaks the crisis of the supply chain and provides a regulatory scheme that ensures we can have production.

The disappointing aspect of all of this is the shutdown of the center point of manufacturing, if you will, and many were not notified. This legislation says that we are committed as Members of the United States Congress to modify safety requirements to the extent that no formula is jeopardized but that the lifeline for babies is our first priority.

I am grateful for this legislation because the shelves in Houston, Texas, are gradually coming back. They are not there yet. Just a few weeks ago, we had one of the largest cargo planes land at Bush Intercontinental Airport. The gratification of families was unspeakable, could not be mentioned.

This cannot ever happen again. It is important for Congress to be advanced and prepared to ensure that babies, who are innocent and without the ability to speak, are taken care of.

Madam Speaker, I thank Mr. BLUMENAUER for this kind of leadership. Thank God relief is on the way.

Mr. SMITH of Nebraska. Madam Speaker, I yield myself such time as I may consume.

I appreciate the dialogue that we have been having here today. I think it is important, as my colleague just mentioned, that we work together to make sure this doesn't happen again.

I think we need to look across the Federal agencies to make sure that these very powerful agencies that have the power to shut down an industry, perhaps, that they have to plan ahead for what happens if that occurs so that people don't suffer as a result.

When we hear the statistics that 90 percent of stores didn't have something, that means they had none, not just more expensive product that we see across the economy. It is hard to believe that the inflation rate is announced at 9.1 percent when it sure seems like things are a lot more expensive than just 9.1 percent more than last year.

The fact of the matter is, let's work together to prevent this formula situation from ever happening again.

Madam Speaker, I reserve the balance of my time.

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

I appreciate the partnership with my good friend, Mr. SMITH. We have been able to move this expeditiously. I do appreciate his observation that there are challenges that we meet, and we would hope that our government and the various agencies that are involved are able to respond quickly. That, of course, is something that we need to empower them to do, these partnerships.

Sometimes there is a little tension about the role and nature of government agencies, but this is an example, admittedly, where we want to get ahead of the curve, and the powers that agencies have can be used constructively.

I am pleased that our committee, for example, sprang into action dealing with the invasion of Ukraine by Russia to suspend tariff advantages for Russia, and we moved that quickly on a bipartisan basis. Particularly in this case we have 26 members of the Ways and Means Committee who are cosponsoring this legislation, and it was able to move quickly.

Unlike what often happens with things we pass in the House that linger in the Senate, it looks like the Senate is poised to be able to act quickly in response to our action here today.

So I hope we come together. I hope we have a unanimous vote that would suspend this 27 percent additional cost on families struggling to meet the needs of their children. I hope that we can continue to look at areas where we need to refine tools to make sure that things like this don't happen again and we work together to try to hit the right balance.

In the meantime, I think we have hit the right balance with this legislation. I appreciate the partnership, and I look forward to its passage today.

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

Mr. SMITH of Nebraska. Madam Speaker, I am finished, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from Oregon (Mr. BLUMENAUER) that the House suspend the rules and pass the bill, H.R. 8351.

The question was taken.

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

Mr. SMITH of Nebraska. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

WOMEN'S HEALTH PROTECTION ACT OF 2022

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 1224, I call up the bill (H.R. 8296) to protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1224, the bill is considered read.

The text of the bill is as follows:

H.R. 8296

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Women's Health Protection Act of 2022".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds the following:

(1) On June 24, 2022, in its decision in *Dobbs v. Jackson Women's Health Organization*, the Supreme Court overruled *Roe v. Wade*, reversing decades of precedent recognizing the constitutional right to terminate a pregnancy before fetal viability, and to terminate a pregnancy after fetal viability where it is necessary, in the good-faith medical judgment of the treating health care professional, for the preservation of the life or health of the person who is pregnant.

(2) In their joint dissent, Justices Breyer, Sotomayor, and Kagan write, "[The majority] says that from the very moment of fertilization, a woman has no rights to speak of. A State can force her to bring a pregnancy to term, even at the steepest personal and familial costs."

(3) The dissenting Justices continue, "The Mississippi law at issue here bars abortions after the 15th week of pregnancy. Under the majority's ruling, though, another State's law could do so after ten weeks, or five or three or one—or, again, from the moment of fertilization. States have already passed such laws, in anticipation of today's ruling. More will follow."

(4) The dissenting Justices also stated, "one result of [the] decision is certain; the curtailment of women's rights, and of their status as free and equal citizens."

(5) Indeed, some States acted to ban abortion outright in the immediate aftermath of the *Dobbs* decision, with half the States in the country expected to ban abortion entirely in the days and weeks to come.

(6) Even before *Roe* was overturned, access to abortion services had been obstructed across the United States in various ways, including blockades of health care facilities

and associated violence, prohibitions of, and restrictions on, insurance coverage; parental involvement laws (notification and consent); restrictions that shame and stigmatize people seeking abortion services; and medically unnecessary regulations that neither confer any health benefit nor further the safety of abortion services, but which harm people by delaying, complicating access to, and reducing the availability of, abortion services.

(7) Abortion services are essential to health care, and access to those services is central to people's ability to participate equally in the economic and social life of the United States. Abortion access allows people who are pregnant to make their own decisions about their pregnancies, their families, and their lives.

(8) Reproductive justice requires every individual to have the right to make their own decisions about having children regardless of their circumstances and without interference and discrimination. Reproductive Justice is a human right that can and will be achieved when all people, regardless of actual or perceived race, color, national origin, immigration status, sex (including gender identity, sex stereotyping, or sexual orientation), age, or disability status have the economic, social, and political power and resources to define and make decisions about their bodies, health, sexuality, families, and communities in all areas of their lives, with dignity and self-determination.

(9) Reproductive justice seeks to address restrictions on reproductive health, including abortion, that perpetuate systems of oppression, lack of bodily autonomy, white supremacy, and anti-Black racism. This violent legacy has manifested in policies including enslavement, rape, and experimentation on Black women; forced sterilizations; medical experimentation on low-income women's reproductive systems; and the forcible removal of Indigenous children. Access to equitable reproductive health care, including abortion services, has always been deficient in the United States for Black, Indigenous, and other People of Color (BIPOC) and their families.

(10) The legacy of restrictions on reproductive health, rights, and justice is not a dated vestige of a dark history. Presently, the harms of abortion-specific restrictions fall especially heavily on people with low incomes, BIPOC, immigrants, young people, people with disabilities, and those living in rural and other medically underserved areas. Abortion-specific restrictions are even more compounded by the ongoing criminalization of people who are pregnant, including those who are incarcerated, living with HIV, or with substance-use disorders. These communities already experience health disparities due to social, political, and environmental inequities, and restrictions on abortion services exacerbate these harms. Removing medically unjustified restrictions on abortion services would constitute one important step on the path toward realizing Reproductive Justice by ensuring that the full range of reproductive health care is accessible to all who need it.

(11) Abortion-specific restrictions are a tool of gender oppression, as they target health care services that are used primarily by women. These paternalistic restrictions rely on and reinforce harmful stereotypes about gender roles, women's decision-making, and women's need for protection instead of support, undermining their ability to control their own lives and well-being. These restrictions harm the basic autonomy, dignity, and equality of women, and their ability to participate in the social and economic life of the Nation.

(12) The terms "woman" and "women" are used in this bill to reflect the identity of the

majority of people targeted and affected by restrictions on abortion services, and to address squarely the targeted restrictions on abortion, which are rooted in misogyny. However, access to abortion services is critical to the health of every person capable of becoming pregnant. This Act is intended to protect all people with the capacity for pregnancy—cisgender women, transgender men, non-binary individuals, those who identify with a different gender, and others—who are unjustly harmed by restrictions on abortion services.

(13) Since 2011, States and local governments have passed nearly 500 restrictions singling out health care providers who offer abortion services, interfering with their ability to provide those services and the patients' ability to obtain those services.

(14) Many State and local governments have imposed restrictions on the provision of abortion services that are neither evidence-based nor generally applicable to the medical profession or to other medically comparable outpatient gynecological procedures, such as endometrial ablations, dilation and curettage for reasons other than abortion, hysteroscopies, loop electrosurgical excision procedures, or other analogous non-gynecological procedures performed in similar outpatient settings including vasectomy, sigmoidoscopy, and colonoscopy.

(15) Abortion is essential health care and one of the safest medical procedures in the United States. An independent, comprehensive review of the state of science on the safety and quality of abortion services, published by the National Academies of Sciences, Engineering, and Medicine in 2018, found that abortion in the United States is safe and effective and that the biggest threats to the quality of abortion services in the United States are State regulations that create barriers to care. These abortion-specific restrictions conflict with medical standards and are not supported by the recommendations and guidelines issued by leading reproductive health care professional organizations including the American College of Obstetricians and Gynecologists, the Society of Family Planning, the National Abortion Federation, the World Health Organization, and others.

(16) Many abortion-specific restrictions do not confer any health or safety benefits on the patient. Instead, these restrictions have the purpose and effect of unduly burdening people's personal and private medical decisions to end their pregnancies by making access to abortion services more difficult, invasive, and costly, often forcing people to travel significant distances and make multiple unnecessary visits to the provider, and in some cases, foreclosing the option altogether. For example, a 2018 report from the University of California San Francisco's Advancing New Standards in Reproductive Health research group found that in 27 cities across the United States, people have to travel more than 100 miles in any direction to reach an abortion provider.

(17) An overwhelming majority of abortions in the United States are provided in clinics, not hospitals, but the large majority of counties throughout the United States have no clinics that provide abortion.

(18) These restrictions additionally harm people's health by reducing access not only to abortion services but also to other essential health care services offered by many of the providers targeted by the restrictions, including—

(A) screenings and preventive services, including contraceptive services;

(B) testing and treatment for sexually transmitted infections;

(C) LGBTQ health services; and

(D) referrals for primary care, intimate partner violence prevention, prenatal care and adoption services.

(19) The cumulative effect of these numerous restrictions has been to severely limit, and now eliminate entirely, the availability of abortion services in some areas, creating a patchwork system where the provision of abortion services is legal in some States and illegal in others. A 2019 report from the Government Accountability Office examining State Medicaid compliance with abortion coverage requirements analyzed seven key challenges (identified both by health care providers and research literature) and their effect on abortion access, and found that access to abortion services varied across the States and even within a State.

(20) International human rights law recognizes that access to abortion is intrinsically linked to the rights to life, health, equality and non-discrimination, privacy, and freedom from ill-treatment. United Nations (UN) human rights treaty monitoring bodies have found that legal abortion services, like other reproductive health care services, must be available, accessible, affordable, acceptable, and of good quality. UN human rights treaty bodies have likewise condemned medically unnecessary barriers to abortion services, including mandatory waiting periods, biased counseling requirements, and third-party authorization requirements.

(21) Core human rights treaties ratified by the United States protect access to abortion. For example, in 2018, the UN Human Rights Committee, which oversees implementation of the ICCPR, made clear that the right to life, enshrined in Article 6 of the ICCPR, at a minimum requires governments to provide safe, legal, and effective access to abortion where a person's life and health is at risk, or when carrying a pregnancy to term would cause substantial pain or suffering. The Committee stated that governments must not impose restrictions on abortion which subject women and girls to physical or mental pain or suffering, discriminate against them, arbitrarily interfere with their privacy, or place them at risk of undertaking unsafe abortions. Furthermore, the Committee stated that governments should remove existing barriers that deny effective access to safe and legal abortion, refrain from introducing new barriers to abortion, and prevent the stigmatization of those seeking abortion.

(22) UN independent human rights experts have expressed particular concern about barriers to abortion services in the United States. For example, at the conclusion of his 2017 visit to the United States, the UN Special Rapporteur on extreme poverty and human rights noted concern that low-income women face legal and practical obstacles to exercising their constitutional right to access abortion services, trapping many women in cycles of poverty. Similarly, in May 2020, the UN Working Group on discrimination against women and girls, along with other human rights experts, expressed concern that some states had manipulated the COVID-19 crisis to restrict access to abortion, which the experts recognized as "the latest example illustrating a pattern of restrictions and retrogressions in access to legal abortion care across the country" and reminded U.S. authorities that abortion care constitutes essential health care that must remain available during and after the pandemic. They noted that barriers to abortion access exacerbate systemic inequalities and cause particular harm to marginalized communities, including low-income people, people of color, immigrants, people with disabilities, and LGBTQ people.

(23) Abortion-specific restrictions affect the cost and availability of abortion services, and the settings in which abortion services are delivered. People travel across State lines and otherwise engage in interstate commerce to access this essential medical care, and more would be forced to do so absent this Act. Likewise, health care providers travel across State lines and otherwise engage in interstate commerce in order to provide abortion services to patients, and more would be forced to do so absent this Act.

(24) Health care providers engage in a form of economic and commercial activity when they provide abortion services, and there is an interstate market for abortion services.

(25) Abortion restrictions substantially affect interstate commerce in numerous ways. For example, to provide abortion services, health care providers engage in interstate commerce to purchase medicine, medical equipment, and other necessary goods and services. To provide and assist others in providing abortion services, health care providers engage in interstate commerce to obtain and provide training. To provide abortion services, health care providers employ and obtain commercial services from doctors, nurses, and other personnel who engage in interstate commerce and travel across State lines.

(26) It is difficult and time and resource-consuming for clinics to challenge State laws that burden or impede abortion services. Litigation that blocks one abortion restriction may not prevent a State from adopting other similarly burdensome abortion restrictions or using different methods to burden or impede abortion services. There is a history and pattern of States passing successive and different laws that unduly burden abortion services.

(27) When a health care provider ceases providing abortion services as a result of burdensome and medically unnecessary regulations, it is often difficult or impossible for that health care provider to recommence providing those abortion services, and difficult or impossible for other health care providers to provide abortion services that restore or replace the ceased abortion services.

(28) Health care providers are subject to license laws in various jurisdictions, which are not affected by this Act except as provided in this Act.

(29) Congress has the authority to enact this Act to protect abortion services pursuant to—

(A) its powers under the commerce clause of section 8 of article I of the Constitution of the United States;

(B) its powers under section 5 of the Fourteenth Amendment to the Constitution of the United States to enforce the provisions of section 1 of the Fourteenth Amendment; and

(C) its powers under the necessary and proper clause of section 8 of Article I of the Constitution of the United States.

(30) Congress has used its authority in the past to protect access to abortion services and health care providers' ability to provide abortion services. In the early 1990s, protests and blockades at health care facilities where abortion services were provided, and associated violence, increased dramatically and reached crisis level, requiring Congressional action. Congress passed the Freedom of Access to Clinic Entrances Act (Public Law 103-259; 108 Stat. 694) to address that situation and protect physical access to abortion services.

(31) Congressional action is necessary to put an end to harmful restrictions, to federally protect access to abortion services for everyone regardless of where they live, and

to protect the ability of health care providers to provide these services in a safe and accessible manner.

(b) PURPOSE.—It is the purpose of this Act—

(1) to permit health care providers to provide abortion services without limitations or requirements that single out the provision of abortion services for restrictions that are more burdensome than those restrictions imposed on medically comparable procedures, do not significantly advance reproductive health or the safety of abortion services, and make abortion services more difficult to access;

(2) to promote access to abortion services and women's ability to participate equally in the economic and social life of the United States; and

(3) to invoke Congressional authority, including the powers of Congress under the commerce clause of section 8 of article I of the Constitution of the United States, its powers under section 5 of the Fourteenth Amendment to the Constitution of the United States to enforce the provisions of section 1 of the Fourteenth Amendment, and its powers under the necessary and proper clause of section 8 of article I of the Constitution of the United States.

SEC. 3. DEFINITIONS.

In this Act:

(1) **ABORTION SERVICES.**—The term "abortion services" means an abortion and any medical or non-medical services related to and provided in conjunction with an abortion (whether or not provided at the same time or on the same day as the abortion).

(2) **GOVERNMENT.**—The term "government" includes each branch, department, agency, instrumentality, and official of the United States or a State.

(3) **HEALTH CARE PROVIDER.**—The term "health care provider" means any entity or individual (including any physician, certified nurse-midwife, nurse practitioner, and physician assistant) that—

(A) is engaged or seeks to engage in the delivery of health care services, including abortion services; and

(B) if required by law or regulation to be licensed or certified to engage in the delivery of such services—

(i) is so licensed or certified; or

(ii) would be so licensed or certified but for their past, present, or potential provision of abortion services permitted by section 4.

(4) **MEDICALLY COMPARABLE PROCEDURE.**—The term "medically comparable procedures" means medical procedures that are similar in terms of health and safety risks to the patient, complexity, or the clinical setting that is indicated.

(5) **PREGNANCY.**—The term "pregnancy" refers to the period of the human reproductive process beginning with the implantation of a fertilized egg.

(6) **STATE.**—The term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, and each territory and possession of the United States, and any subdivision of any of the foregoing, including any unit of local government, such as a county, city, town, village, or other general purpose political subdivision of a State.

(7) **VIABILITY.**—The term "viability" means the point in a pregnancy at which, in the good-faith medical judgment of the treating health care provider, based on the particular facts of the case before the health care provider, there is a reasonable likelihood of sustained fetal survival outside the uterus with or without artificial support.

SEC. 4. PERMITTED SERVICES.

(a) **GENERAL RULE.**—A health care provider has a statutory right under this Act to provide abortion services, and may provide

abortion services, and that provider's patient has a corresponding right to receive such services, without any of the following limitations or requirements:

(1) A requirement that a health care provider perform specific tests or medical procedures in connection with the provision of abortion services, unless generally required for the provision of medically comparable procedures.

(2) A requirement that the same health care provider who provides abortion services also perform specified tests, services, or procedures prior to or subsequent to the abortion.

(3) A requirement that a health care provider offer or provide the patient seeking abortion services medically inaccurate information in advance of or during abortion services.

(4) A limitation on a health care provider's ability to prescribe or dispense drugs based on current evidence-based regimens or the provider's good-faith medical judgment, other than a limitation generally applicable to the medical profession.

(5) A limitation on a health care provider's ability to provide abortion services via telemedicine, other than a limitation generally applicable to the provision of medical services via telemedicine.

(6) A requirement or limitation concerning the physical plant, equipment, staffing, or hospital transfer arrangements of facilities where abortion services are provided, or the credentials or hospital privileges or status of personnel at such facilities, that is not imposed on facilities or the personnel of facilities where medically comparable procedures are performed.

(7) A requirement that, prior to obtaining an abortion, a patient make one or more medically unnecessary in-person visits to the provider of abortion services or to any individual or entity that does not provide abortion services.

(8) A prohibition on abortion at any point or points in time prior to fetal viability, including a prohibition or restriction on a particular abortion procedure.

(9) A prohibition on abortion after fetal viability when, in the good-faith medical judgment of the treating health care provider, continuation of the pregnancy would pose a risk to the pregnant patient's life or health.

(10) A limitation on a health care provider's ability to provide immediate abortion services when that health care provider believes, based on the good-faith medical judgment of the provider, that delay would pose a risk to the patient's health.

(11) A requirement that a patient seeking abortion services at any point or points in time prior to fetal viability disclose the patient's reason or reasons for seeking abortion services, or a limitation on the provision or obtaining of abortion services at any point or points in time prior to fetal viability based on any actual, perceived, or potential reason or reasons of the patient for obtaining abortion services, regardless of whether the limitation is based on a health care provider's degree of actual or constructive knowledge of such reason or reasons.

(b) **OTHER LIMITATIONS OR REQUIREMENTS.**—The statutory right specified in subsection (a) shall not be limited or otherwise infringed through, in addition to the limitations and requirements specified in paragraphs (1) through (11) of subsection (a), any limitation or requirement that—

(1) is the same as or similar to one or more of the limitations or requirements described in subsection (a); or

(2) both—

(A) expressly, effectively, implicitly, or as implemented singles out the provision of abortion services, health care providers who

provide abortion services, or facilities in which abortion services are provided; and

(B) impedes access to abortion services.

(C) FACTORS FOR CONSIDERATION.—Factors a court may consider in determining whether a limitation or requirement impedes access to abortion services for purposes of subsection (b)(2)(B) include the following:

(1) Whether the limitation or requirement, in a provider's good-faith medical judgment, interferes with a health care provider's ability to provide care and render services, or poses a risk to the patient's health or safety.

(2) Whether the limitation or requirement is reasonably likely to delay or deter some patients in accessing abortion services.

(3) Whether the limitation or requirement is reasonably likely to directly or indirectly increase the cost of providing abortion services or the cost for obtaining abortion services (including costs associated with travel, childcare, or time off work).

(4) Whether the limitation or requirement is reasonably likely to have the effect of necessitating a trip to the offices of a health care provider that would not otherwise be required.

(5) Whether the limitation or requirement is reasonably likely to result in a decrease in the availability of abortion services in a given State or geographic region.

(6) Whether the limitation or requirement imposes penalties that are not imposed on other health care providers for comparable conduct or failure to act, or that are more severe than penalties imposed on other health care providers for comparable conduct or failure to act.

(7) The cumulative impact of the limitation or requirement combined with other new or existing limitations or requirements.

(D) EXCEPTION.—To defend against a claim that a limitation or requirement violates a health care provider's or patient's statutory rights under subsection (b), a party must establish, by clear and convincing evidence, that—

(1) the limitation or requirement significantly advances the safety of abortion services or the health of patients; and

(2) the safety of abortion services or the health of patients cannot be advanced by a less restrictive alternative measure or action.

SEC. 5. APPLICABILITY AND PREEMPTION.

(A) IN GENERAL.—

(1) Except as stated under subsection (b), this Act supersedes and applies to the law of the Federal Government and each State government, and the implementation of such law, whether statutory, common law, or otherwise, and whether adopted before or after the date of enactment of this Act, and neither the Federal Government nor any State government shall administer, implement, or enforce any law, rule, regulation, standard, or other provision having the force and effect of law that conflicts with any provision of this Act, notwithstanding any other provision of Federal law, including the Religious Freedom Restoration Act of 1993 (42 U.S.C. 2000bb et seq.).

(2) Federal statutory law adopted after the date of the enactment of this Act is subject to this Act unless such law explicitly excludes such application by reference to this Act.

(B) LIMITATIONS.—The provisions of this Act shall not supersede or apply to—

(1) laws regulating physical access to clinic entrances;

(2) insurance or medical assistance coverage of abortion services;

(3) the procedure described in section 1531(b)(1) of title 18, United States Code; or

(4) generally applicable State contract law.

(C) DEFENSE.—In any cause of action against an individual or entity who is sub-

ject to a limitation or requirement that violates this Act, in addition to the remedies specified in section 8, this Act shall also apply to, and may be raised as a defense by, such an individual or entity.

SEC. 6. EFFECTIVE DATE.

This Act shall take effect immediately upon the date of enactment of this Act. This Act shall apply to all restrictions on the provision of, or access to, abortion services whether the restrictions are enacted or imposed prior to or after the date of enactment of this Act, except as otherwise provided in this Act.

SEC. 7. RULES OF CONSTRUCTION.

(A) IN GENERAL.—In interpreting the provisions of this Act, a court shall liberally construe such provisions to effectuate the purposes of the Act.

(B) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed to authorize any government to interfere with, diminish, or negatively affect a person's ability to obtain or provide abortion services.

(C) OTHER INDIVIDUALS CONSIDERED AS GOVERNMENT OFFICIALS.—Any person who, by operation of a provision of Federal or State law, is permitted to implement or enforce a limitation or requirement that violates section 4 of this Act shall be considered a government official for purposes of this Act.

SEC. 8. ENFORCEMENT.

(A) ATTORNEY GENERAL.—The Attorney General may commence a civil action on behalf of the United States against any State that violates, or against any government official (including a person described in section 7(c)) that implements or enforces a limitation or requirement that violates, section 4. The court shall hold unlawful and set aside the limitation or requirement if it is in violation of this Act.

(B) PRIVATE RIGHT OF ACTION.—

(1) IN GENERAL.—Any individual or entity, including any health care provider or patient, adversely affected by an alleged violation of this Act, may commence a civil action against any State that violates, or against any government official (including a person described in section 7(c)) that implements or enforces a limitation or requirement that violates, section 4. The court shall hold unlawful and set aside the limitation or requirement if it is in violation of this Act.

(2) HEALTH CARE PROVIDER.—A health care provider may commence an action for relief on its own behalf, on behalf of the provider's staff, and on behalf of the provider's patients who are or may be adversely affected by an alleged violation of this Act.

(C) EQUITABLE RELIEF.—In any action under this section, the court may award appropriate equitable relief, including temporary, preliminary, or permanent injunctive relief.

(D) COSTS.—In any action under this section, the court shall award costs of litigation, as well as reasonable attorney's fees, to any prevailing plaintiff. A plaintiff shall not be liable to a defendant for costs or attorney's fees in any non-frivolous action under this section.

(E) JURISDICTION.—The district courts of the United States shall have jurisdiction over proceedings under this Act and shall exercise the same without regard to whether the party aggrieved shall have exhausted any administrative or other remedies that may be provided for by law.

(F) ABROGATION OF STATE IMMUNITY.—Neither a State that enforces or maintains, nor a government official (including a person described in section 7(c)) who is permitted to implement or enforce any limitation or requirement that violates section 4 shall be immune under the Tenth Amendment to the Constitution of the United States, the Elev-

enth Amendment to the Constitution of the United States, or any other source of law, from an action in a Federal or State court of competent jurisdiction challenging that limitation or requirement.

SEC. 9. SEVERABILITY.

If any provision of this Act, or the application of such provision to any person, entity, government, or circumstance, is held to be unconstitutional, the remainder of this Act, or the application of such provision to all other persons, entities, governments, or circumstances, shall not be affected thereby.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees.

The gentleman from New Jersey (Mr. PALLONE) and the gentlewoman from Washington (Mrs. RODGERS) each will control 30 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and add extraneous material on H.R. 8296, the Women's Health Protection Act of 2022.

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

There was no objection.

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

Madam Speaker, I rise today in strong support of H.R. 8296, the Women's Health Protection Act.

This bill is necessary now more than ever following the Republican-controlled Supreme Court's extreme decision ripping away a woman's right to abortion. The Court's ideological decision ignored nearly 50 years of precedent and is the culmination of decades of unrelenting efforts by Republican politicians to control women and their bodies.

The consequences of last month's decision have been swift and severe. Already, abortion bans are in effect in nine States, and more than a dozen more are expected to either ban or severely limit abortion soon.

As a result, women are being forced to travel long distances to States where abortion remains lawful or, for those who lack logistical or financial support to travel, continue pregnancies against their wishes. There have been devastating stories of patients being denied care and doctors hesitating to provide lifesaving healthcare services out of fear of criminalization.

States have enacted dangerous laws banning abortion without any exceptions, inciting citizens to track and report women in need of an abortion and criminalizing providers or those assisting someone in obtaining care.

These laws turn back the clock on the health, well-being, and equality of women across the Nation. Republicans have made it clear: This is just the beginning. Congressional Republicans are

already pushing a nationwide abortion ban that would criminalize abortion in all 50 States.

That is why this House is acting today on the Women's Health Protection Act to restore the right to abortion nationwide. This legislation ensures that no matter where you live, you have a right to comprehensive healthcare that is free from unnecessary restrictions that are intended only to impede access.

Madam Speaker, I urge my colleagues to support this legislation to protect the right to abortion and ensure that all Americans are entitled to make their own healthcare decisions.

Madam Speaker, I reserve the balance of my time.

Mrs. RODGERS of Washington. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, to protect the helpless, most powerless, most innocent among us, I rise in strong opposition to H.R. 8296, the abortion on demand until birth act.

This is not about codifying Roe v. Wade. Why? Because it nationalizes abortion for all 9 months of pregnancy—all 9 months. This would make America as radical as China and North Korea.

The abortion on demand until birth act would legalize discriminatory abortion based upon sex, race, and disability, including Down syndrome. It overrides State laws that protect women from coercion. It would weaken conscience protections to force pro-life doctors to perform abortions and end a life.

This is especially frightening for pregnancy centers, faith-based providers, and medical professionals who are using amazing medical achievements in treating both mothers and their babies in the wombs as patients. We are doing prenatal heart surgery today in the United States of America.

The abortion on demand until birth act has nothing to do with protecting the health of women. It has everything to do with forcing an extreme agenda on the American people.

Rather than prey on women's vulnerabilities and fears and nationalize abortion for all 9 months, we should be coming together to support women and their families at every stage of pregnancy and beyond.

Every mother matters. Seventy-six percent of women seeking abortions say they would choose life if their circumstances were different. The focus should be on how to change their circumstances, help them access the care and support that they need, and improve their lives.

Presenting abortion up until birth as a woman's only option is a false choice. There are nearly 3,000 pregnancy centers in all 50 States. They outnumber Planned Parenthood by more than 2,000 facilities. These pregnancy centers, which are right now under violent attack by pro-abortion groups, provide medical care, resources, education, and

mentoring to women. They must be protected, not undermined and threatened by an extreme abortion agenda.

The Supreme Court has affirmed the American people's rights to speak through their elected officials and enact laws that protect unborn children. The question upon us today is: How are we going to respond? How is this body going to respond to the greatest human rights issue of our generation? That is the question. This is the human rights issue of our generation.

Do not close your ears. Do not close your eyes. Do not close your heart.

Is it by dehumanizing life and promoting a culture that destroys the weakest among us? Is that how we are going to do it? Or is it by making abortion unthinkable by leading a new era where every person's God-given, unalienable human right to life, liberty, and the pursuit of happiness for all be the way we will define ourselves?

Let's come together. Let's protect the human rights of the unborn. We cannot deny life to the most disadvantaged and marginalized among us. They have no voice to defend themselves.

Madam Speaker, abortion for all 9 months is not the will of the American people.

Madam Speaker, I urge opposition to H.R. 8296, the abortion on demand until birth act because all lives are worth living, and I reserve the balance of my time.

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Mr. PALLONE. Madam Speaker, I yield 2 minutes to gentlewoman from California (Ms. CHU), the sponsor of this legislation.

Ms. CHU. Madam Speaker, I rise today in strong support of my bill, the Women's Health Protection Act, or WHPA.

WHPA is the bill that will protect the right to access abortion after the tragic fall of Roe v. Wade. It ensures in Federal law the right to abortion care for every woman in every State and ensures States may not erode that right.

You will hear Republicans say our bill goes too far, but that is simply not true. Our bill preserves the protections of Roe that we have lived with for 50 years, affirmed through decades of subsequent court decisions. WHPA prohibits the bans and restrictions that violate the spirit of Roe, from outright bans to laws forcing women to undergo invasive ultrasounds, unnecessary waiting periods, or forcing doctors to give patients medically inaccurate information.

You will hear Republicans repeat over and over again that Democrats are voting for abortion up until the moment of birth. Actually, for 50 years the Court had the provision of an exception for late-term abortion in Roe to preserve the life or the health of the mother. It is because they valued the life of the mother.

Do Republicans actually believe the mother's life is expendable?

Apparently so.

What you will not hear is Republicans say that the vast majority of Americans do not want Roe to be overturned.

You will not hear an apology to the 10-year-old who was raped and had to travel to Indiana for an abortion because it was prohibited in her home State.

You will not hear an acknowledgment that women are capable of deciding for themselves whether to terminate a pregnancy.

This bill respects our right to make our own decisions about our bodies. It is time to put control of our bodies back in our hands. Now is the time to pass the Women's Health Protection Act.

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

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from Texas (Ms. ESCOBAR).

Ms. ESCOBAR. Madam Speaker, it has been 22 days since the Supreme Court overturned Roe v. Wade, taking away women's ability to make choices about their own future, setting us back nearly 50 years. But even that is not enough for Republicans.

In the last 24 hours alone, we have gotten a glimpse into the dark future Republicans have in store for women, doctors, and vulnerable children:

The Indiana attorney general says he is investigating the doctor who treated a 10-year-old rape victim.

Texas sues the Biden administration for requiring abortions in medical emergencies so that women's lives could be saved.

And the National Right to Life official who said the 10-year-old should have had her baby.

Yes, according to Republicans, even a little girl impregnated by a brutal rape should be denied an abortion and have to endure a government-mandated birth.

Remember, this is the same party that has voted against:

Paid family and medical leave for parents of that baby.

Childcare for babies.

Universal pre-K for babies.

The Child Tax Credit, which helps babies.

School lunch programs that help babies.

Commonsense gun violence prevention measures that keep those babies safe in school, and much more.

The Republicans' war on women has never been more dangerous. Today, we will vote on the Women's Health Protection Act to ensure that women across this country have access to abortion and the freedom to make their own decisions about their bodies and their futures.

America, Democrats have your back.

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentlewoman from Florida (Mrs. CAMMACK), a dynamic example of life in her own testimony.

Mrs. CAMMACK. Madam Speaker, I include in the RECORD some articles that I feel are relevant to this debate.

[From the New York Times, July 3, 2022]

ABORTION LAWS AROUND THE WORLD

The U.S. Supreme Court's ruling on abortion quickly led to bans in at least eight states, a shift toward criminalization that runs counter to recent easings in countries that had longstanding bans.

The Supreme Court's elimination of the constitutional right to abortion, after nearly a half-century, has made the United States one of the few countries actively strengthening abortion restrictions.

Abortion is now banned in at least eight states, a shift toward criminalization that runs counter to the longstanding policies of some close allies, like Canada, and to recent easings in several nations that had long imposed bans, like Ireland, Mexico and South Korea.

But no nations share the same history regarding abortion, nor does any part of the world have uniform laws: Women seeking abortions everywhere must navigate distinct rules, in a variety of health care systems, if access is available at all. The following examples, while not comprehensive, illustrate the diversity of those laws—and how they're changing.

CANADA

No laws restrict abortion in Canada, where it is covered by provincial and territorial public health care systems as an essential medical procedure within 20 weeks of conception and, under some circumstances, after that point, such as when a pregnancy threatens the mother's life. Access and exceptions vary by province, and sometimes by hospital.

Until 1988, criminal laws allowed abortions only if approved by committees of physicians. That year, the Supreme Court struck down the laws in a landmark case. Most legal scholars agree that if the issue were to reach the court again, it would make the right to abortion explicit.—Ian Austen

MEXICO

Before a court ruling last year, abortion was largely restricted, with Mexico City and only three of 31 states permitting the procedure up to 12 weeks of fetal gestation. But the Supreme Court ruled unanimously in the fall that penalizing women who undergo abortions was unconstitutional, and in the months since, five more states have moved to legalize abortions.

The justices did not specify how far into a pregnancy abortion was permitted, leaving the details to the states. For the states that still ban abortion, legislatures will need to change laws to permit the procedure.—Maria Abi-Habib

NICARAGUA

Abortion is completely illegal and punishable by jail for the woman and the doctors.

The Legislature eliminated all exceptions in 2006, ending a century of law that allowed abortions in cases of life-threatening complications or pregnancies caused by rape. President Daniel Ortega, a strong supporter of criminalizing abortion, has received support from Evangelical leaders in Nicaragua and the United States.—Yubelka Mendoza and Maria Abi-Habib

BRITAIN

Abortions have been legal in England, Scotland and Wales for more than 50 years, protected by the Abortion Act of 1967. Abortions can be legally performed up to the 24th week of pregnancy and must be medically approved by two doctors.

The 1967 law allows some exceptions for later-term abortions, including when the pregnancy endangers the woman's health or

if a prenatal scan reveals a fetus abnormality. A provision of the law allowing abortion if the fetus carries significant risk of serious disability was at the center of a court case last year.

In rare circumstances, such as when a woman, without doctors' consent, takes medicine intended to terminate a pregnancy, an abortion could be prosecuted as a criminal act.

The 1967 law did not cover Northern Ireland, which for decades prohibited almost all abortions.

British lawmakers overturned that ban in 2019, legalizing "unconditional termination" of pregnancy within the first 12 weeks. But with resistance coming from anti-abortion and church groups, abortion services remain limited.—Saskia Solomon

IRELAND

A 1983 constitutional amendment banned nearly all abortion, reflecting the Roman Catholic Church's deep influence in the country. That influence had waned by 2018, when a referendum to end the ban was approved by 66 percent of voters.

Lawmakers then legalized abortion in the Health Act of 2018, allowing abortion for any reason up to the end of the first trimester. The law provides exceptions beyond 12 weeks in cases of fetal abnormalities considered fatal after birth or a potential risk to the woman's health.—Saskia Solomon

POLAND

Soviet-era Poland offered some of Europe's broadest abortion access, and it became a destination for women seeking abortions. But after the Soviet Union's collapse, and under the influence of the Catholic Church, the Polish Parliament in 1993 passed one of Europe's strictest bans, asserting that "every human being shall have an inherent right to life from the moment of conception."

It allowed three categories of exception: danger to the mother's health or life; rape or incest; severe fetal abnormalities.

Despite mass protests, the ban was tightened last year by the nationalist Law and Justice Party, eliminating the most-used exception—fetal abnormalities—which accounted for almost all of the roughly 1,000 legal abortions a year. An estimated 100,000 to 150,000 illegal abortions take place very year in the country, activists say.

The remaining exceptions are problematic for abortion seekers. Rape victims face a deadline of the 12th week of pregnancy, and they require a certificate from a prosecutor, which takes a long time to acquire. And the definition of what constitutes a "serious" risk to a woman's health is too vague for doctors to always act decisively. In a small number of cases, women have died of sepsis after doctors refused to intervene while the fetus's heart was still beating.

Women cannot be punished for taking an abortion pill or undergoing an abortion abroad.

Anyone deemed to have aided or abetted an illegal abortion faces up to eight years in prison.—Katrin Bennhold

INDIA

A total ban was eased in 1971 with the Medical Termination of Pregnancy Act, which made some abortions legal.

But activists continued to seek further easing, to include abortion in cases of fetal anomaly or pregnancy caused by rape. In 2021, the federal government amended the law, expanding the criteria for legal abortions and adding a privacy clause to protect women who went to clinics.

The law allows women to terminate pregnancies until 20 weeks. Between 20 and 24 weeks, a woman needs two doctors to ap-

prove an abortion, and after 24 weeks, abortions are allowed only when the woman's health is at risk. Women can now terminate unwanted pregnancies caused by contraceptive failure regardless of marital status; before the amendment, only a married couple could do that.

Still, abortions done in violation of the law are punishable by up to seven years in prison for the woman and medical personnel.—Sameer Yasir

CHINA

Abortion has been legal in some form since 1953. By the 1970s, as the ruling Chinese Communist Party grew increasingly worried about overpopulation, abortion became more widely accessible, and the one-child policy led to some forced abortions.

Sex-selective abortions are illegal, meant to counter the widespread preference for boys over girls. In response to recent concerns over declining birthrates and an aging population, families may now have three children without penalty. Given the government's invasive family planning policies, some women fear it will restrict abortion access. The authorities last year said they intended to reduce "medically unnecessary abortions," without explaining how.

Access to abortion services varies by region, with some requiring women to produce certificates of medical necessity. In Jiangxi Province, women who are more than 14 weeks pregnant need three signatures from medical personnel.

Scholars, activists and some foreign governments have accused the authorities of using family planning policies to suppress ethnic minorities, which the government denies.—Vivian Wang

KENYA

Under the 2010 Constitution, abortion is permitted if a trained health professional determines a need for emergency treatment, or if the pregnancy endangers the life or health of the mother. In other circumstances, abortion providers can face up to 14 years in prison under Kenya's penal code.

In practice, many women who could obtain a legal abortion cannot because of poverty, lack of access to health services or a lack of information about their rights.—Matthew Mpoke Bigg

BENIN

Last fall, Benin joined South Africa and Mozambique as one of the few African countries to broadly legalize abortion within 12 weeks.

Under the new law, abortion will be allowed "when the pregnancy is likely to aggravate or cause a situation of material, educational, professional or moral distress incompatible with the interest of the woman and/or the unborn child." In doing so, Benin became the third country in Africa, along with Ethiopia and Zambia, to allow abortion based on the social or economic needs of the woman.

The previous law authorized abortion only if the pregnancy endangered the woman's life or was the result of rape or incest, or if the fetus was malformed. The new law will take effect after the authorities detail how it will be applied, which could take months.—Eliane Peltier

EGYPT

A strict anti-abortion law has been on the books for 85 years, derived from the French Penal Code of the colonial era that bans the procedure under nearly any circumstances. The woman and doctor face imprisonment if convicted.

It does have one loophole, which is based on the medical code of ethics: Doctors are allowed—but not legally obligated—to terminate a pregnancy if it puts the woman's life

at risk and she signs a document saying the procedure was lifesaving.

Though convictions are uncommon, the law and social stigma have pushed abortion practices out of public sight, where the woman's safety cannot be protected and the procedure can be prohibitively expensive.—Nada Rashwan

TURKEY

Since 1983, abortion has been legal up to 10 weeks after conception. Married women need spousal consent. The law allows exceptions after 10 weeks when the pregnancy threatens the life of the woman, if the doctor concludes the fetus has a grave disability, and in cases of rape.

Violators face prosecution and prison—for both the woman and the doctor.

Abortion remains a divisive issue. In 2012, Recep Tayyip Erdogan, now the president and then prime minister, called abortion murder and urged more restrictions. After popular outrage, the law was never amended, but in practice, abortion services are unavailable in many state hospitals—Safak Timur

[From CATHOLICVOTE, June 9, 2022]

SUMMER OF RAGE: TRACKING ATTACKS ON PREGNANCY CENTERS AND PRO-LIFE GROUPS
ATTACKS SINCE SUPREME COURT LEAK

CV News Feed—More than 50 pregnancy resource centers and offices of pro-life groups have been attacked and vandalized since a draft Supreme Court opinion overturning Roe v. Wade was leaked in early May. Pro-abortion domestic terrorists have claimed responsibility—and are promising more attacks in a “summer of rage”.

Pregnancy centers are bracing for more attacks and acts of vandalism after the Supreme Court issued its final ruling overturning Roe v. Wade on June 24, 2022. The Department of Homeland Security issued a memo the same day warning that “domestic violent extremists” would exploit the decision to commit acts of violence against various targets, specifically naming Jane’s Revenge. Various terror groups have issued threats against them on social media since the decision was made, with one group urging its followers to “mask up, stay dangerous”.

Some attacks are going unreported because pregnancy resource centers want to protect their clients. This post covers attacks which have been reported in the news media, sent as tips directly to CatholicVote, or uncovered from terrorist groups online. If you know of an attack which is not covered here, please email info@catholicvote.org. All tips are anonymous and your identity will not be revealed.

The map and this post will be updated as the new develops.

This list covers attacks on pregnancy centers and offices of pro-life organizations. Attacks on Catholic churches are covered here.

List of attacks:

Austin, Texas—Trotter House (May 3, 2022).
Frederick, Maryland—CareNet Frederick (May 4, 2022).

Portland, Oregon—Southeast Portland Pregnancy Resource Center (May 5, 2022).

Concord, California—Options Health (June 25, 2022).

Iowa City, Iowa—Informed Choices Clinic (June 25, 2022).

Portland, Oregon—First Image (June 26, 2022).

Winter Haven Florida—LifeChoice Pregnancy Center (June 26, 2022).

Burlington, Vermont—BirthRight (June 26, 2022).

Everett, Washington—Two Hearts Pregnancy Aid (June 27, 2022).

Dayton, Ohio—Women’s Centers of Ohio (June 27, 2022).

Littleton, New Hampshire—Pathways Pregnancy Center (June 28, 2022).

Nashville, Tennessee—Hope Clinic for Women (June 29, 2022).

Yuba City, California—A Woman’s Friend Pregnancy Resource Clinic (June 29, 2022).

Hialeah, Florida—Pregnancy Help Medical Clinic (July 3, 2022).

St. Paul, Minnesota—BirthRight of St. Paul (July 5, 2022).

Kenmore, Washington—Care Net Pregnancy & Family Services of Puget Sound (July 5, 2022).

Moab, Utah—Arches New Hope Pregnancy Center (July 5, 2022).

Oreland, Pennsylvania—Pro-Life Union of Greater Philadelphia (July 6, 2022).

Worcester, Massachusetts—Problem Pregnancy Resource Center (July 6, 2022).

Worcester, Massachusetts—Clearway Clinic (July 6, 2022).

Akron, Ohio—Northeast Ohio Right to Life (July 8, 2022).

Mrs. CAMMACK. Madam Speaker, I rise today to fight for life and in strong opposition to H.R. 8296, the abortion on demand until birth act. You know, I never thought that I would have to stand here on the House floor and debate the fact that killing someone for their gender, their sex, their race—but here we are.

We are debating a bill that is being pushed by my colleagues on the other side that would legalize abortions based on a baby’s sex, race, or potential disability. I am going to say that again because I think that is perhaps the most outrageous, horrific, regressive, sexist, and racist part of this legislation.

This bill allows for abortions up until the day of natural delivery because the child maybe isn’t the right sex or the right race, according to the mother, who is a woman, by the way. We need to stop this lie that suddenly abortion is healthcare—it is not.

I have heard repeatedly talk about this 10-year-old girl who was brutally raped—this is a heartbreaking situation—yet, not a single peep about the man who did this. He was an illegal who crossed our border, who never should have been in our country in the first place, who committed this crime. Not one peep.

In our country, we are based really, quite frankly, on a simple notion that we are of equal opportunity, not equal outcome. Abortion, that is equal outcome. We know the outcome.

All I am asking today is that my colleagues think a little bit critically about what they are doing and what they are saying, the message that they are sending—that they believe in equal outcome, not opportunity because they are, quite frankly, denying the right for every single one of these children the opportunity to live.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from Florida (Ms. LOIS FRANKEL).

Ms. LOIS FRANKEL of Florida. Madam Speaker, my, my, my, here we go again—or should I say to my colleagues on the other side of the aisle—lie, lie, lie.

The United States Supreme Court has dismantled access to legal abortion giving the very, very personal decision concerning a person’s reproductive health, their life and future to strange politicians.

Now, Republicans across the country and in Congress are moving full steam ahead toward their dark and extreme goal of a nationwide abortion ban that will throw doctors into jail, force children to bear children, lead to tragic deaths, and life-changing hardships for people in our country.

That is why I rise in support of the Women’s Health Protection Act that will facilitate access to legal abortion care regardless of a person’s ZIP Code.

Let me warn everyone that the Republican agenda includes even more drastic intrusions into our personal lives—banning legal abortion is just the start. We will fight back.

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

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from Colorado (Ms. DEGETTE), the chairwoman of Oversight and Investigations Subcommittee.

Ms. DEGETTE. Madam Speaker, the horror of a 10-year-old girl, the victim of rape, re-victimized when her parents were forced to take her out of State because of Ohio’s abortion law.

A woman who was having a miscarriage, whose doctor refused to give her the medical procedure she needed because of fear of being prosecuted.

A woman trying to get long-acting birth control, whose pharmacist refused to prescribe the necessary medication for the procedure.

The chaos in the wake of the terrible Dobbs decision is only going to get worse from here.

The Supreme Court and the Republican Party have declared a war on Americans’ healthcare rights. Every single American has the right and the freedom to make the healthcare decisions that they need, including abortion.

We passed this bill last September. We passed it in September after the first decision in the Supreme Court. We are going to pass this bill today in the U.S. House of Representatives. We are going to pass this bill, which codifies Roe v. Wade, every time we need to, to protect Americans’ rights to healthcare and to protect everybody’s equality.

Mrs. RODGERS of Washington. Madam Speaker, I don’t know of any State laws that prevent birth control. Miscarriages are obviously a tragedy.

The question before us today is on the legislation that would allow for abortion up until birth, 9 months. It is not the will of the American people; it is the extreme agenda of those that are promoting abortion.

Madam Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE), the leader on the Health Subcommittee.

Mr. GUTHRIE. Madam Speaker, I rise in opposition to the abortion on demand until birth act.

This Supreme Court ruled each individual State can decide the rights for the unborn. This bill would override State laws to nationalize abortion for any reason at any stage of pregnancy up until birth.

This does not merely ban pre-viability restrictions on abortion, as supporters say that it does. This bill allows the person doing the abortion to decide what qualifies as pre-viability. This is unacceptable.

The majority of Americans do not support abortions with no limits. In fact, 80 percent of the Americans say abortions should be illegal in the third trimester. This is a radical bill, and I urge a “no” vote.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentleman from New York (Mr. TONKO), who chairs our Environment and Climate Change Subcommittee.

Mr. TONKO. Madam Speaker, I rise in resounding support of the Women’s Health Protection Act.

This bill will restore a fundamental constitutional right that has been simply stripped away by a rogue rightwing Supreme Court.

While my Republican colleagues celebrate this injustice and cook up plans for a nationwide abortion ban, Americans across the country are already feeling the devastating effects of the decision to overturn Roe v. Wade.

Stories of a 10-year-old child having to travel to neighboring States to receive care, or women bleeding from ectopic pregnancies have shocked the world—as red States, many with some of the highest maternal mortality rates in the country, have rolled back abortion access.

None of the courts, nor States, nor politicians should have a say in women’s ability to make their own decisions about their health, their well-being, and their future. That rests with their loved ones, their doctor, and their God.

If we claim to love freedom—to be a free and just society—we must ensure that this basic human right is finally enshrined into law.

Mrs. RODGERS of Washington. Madam Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER), a health provider saving lives every day and a champion for life.

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Mr. CARTER of Georgia. Madam Speaker, I thank the gentlewoman for yielding.

Madam Speaker, I include in the RECORD two articles of attacks on churches and pro-life pregnancy centers.

[From the National Catholic Register]
ATTACKS ON CHURCHES, PRO-LIFE PREGNANCY CENTERS CONTINUE

A pro-life sign at St. Teresa of Avila Catholic Church in Hutchinson, Kansas, about 50 miles northwest of Wichita, was vandalized over the weekend.

Since the Dobbs v. Jackson Women’s Health Organization decision on Friday, attacks on Catholic churches and pro-life pregnancy centers have been reported in West Virginia, Washington, Virginia, Louisiana, Colorado, California, Texas, Florida, New York, and Indiana.

Below are the latest recorded attacks since the decision.

Matt Vainer, a spokesperson for the Diocese of Wichita, said that the perpetrator was followed by a witness who called the police. The perpetrator was arrested, he said.

The pastor of St. Teresa of Avila, Father Aaron Spexarth, placed the sign underneath a crucifix in the church, as he believed it was most appropriate to place it at Christ’s feet, Vainer confirmed to CNA.

All Saints Catholic Church in Portland, Oregon had its sign defaced with pro-abortion graffiti June 25.

A photo of the vandalism shows the words “If abortions aren’t safe, neither are you!—XOXO Jane.” The FBI is investigating, Barbara Custer, a parish secretary at the church, told CNA.

A Woman’s Friend Pregnancy Resource Clinic in Yuba City, California was vandalized June 27.

The clinic had one of its windows smashed by what seems to be one perpetrator according to video footage, the clinic’s executive director Kristen Bird told CNA.

Video shows the perpetrator throwing three rocks at the window until it broke. Repairs will cost anywhere between \$700 and \$900. The FBI is investigating, Bird said.

[From the Daily Caller, July 12, 2022]

ELIZABETH WARREN CALLS TO ‘SHUT DOWN’ CRISIS PREGNANCY CENTERS AMID PRO-ABORTION ATTACKS

(By Nicole Silverio)

Democratic Massachusetts Sen. Elizabeth Warren called on crisis pregnancy centers to be “shut down” across the country Tuesday as pro-abortion groups vandalize and commit arson on centers throughout the nation.

The senator claimed the centers “fool” and “torture” women into carrying their pregnancies to term as they seek abortion access. She lamented that the centers outnumber abortion clinics in Massachusetts by 3 to 1.

“In Massachusetts right now, those crisis pregnancy centers that are there to fool people who are looking for pregnancy termination help outnumber true abortion clinics by 3 to 1, she said. “We need to shut them down here in Massachusetts and we need to shut them down all around the country,” she told NBC 10 Boston. “You should not be able to torture a pregnant person like that.”

Warren’s criticisms of crisis pregnancy centers follow multiple attacks on the centers facilitated by pro-abortion activists since the Supreme Court draft majority opinion leaked in May.

Surveillance footage showed a suspect spray painted the words “If Abortions Aren’t Safe, You Aren’t Either” and broke the windows of the Next Step Pregnancy Center in Lynwood, Washington, in late May. An unknown pro-abortion group splattered the Capitol Hill Crisis Pregnancy Center with red paint and marked the words “Jane Says Revenge” in graffiti.

Police arrested 10 pro-abortion protesters for allegedly throwing smoke bombs at an Oregon pregnancy center on June 27. The activist group Jane’s Revenge allegedly firebombed crisis pregnancy center in Amherst, New York, overnight on June 7, while arsonists attacked Wisconsin Family Action in Madison. The Oregon Right to Life offices in Keizer, Oregon, were also firebombed with Molotov cocktails.

The centers offer free or low-cost pregnancy testing, education on adoption serv-

ices, ultrasounds, STD testing and treatment, prenatal and parenting lessons, after abortion recovery counseling and sexual risk avoidance education, according to the Charlotte Lozier Institute.

The Massachusetts senator has repeatedly called for the construction of abortion clinics on federal lands and national parks since the Supreme Court overturned Roe v. Wade, handing states the right to regulate abortion. She suggested that tents and trained medical personnel be set up on federally funded property to allow women to access abortion.

In a New York Times op-ed, she and Democratic Minnesota Sen. Tina Smith advocated the use of “federal property and resources to protect people seeking abortion services locally.”

Warren and several prominent Democratic lawmakers signed a letter urging President Joe Biden increase access to medication abortion and establish a medical ombudsman at the Department of Human Health and Services and Department of Justice to analyze data on the types of reproductive services needed and provide that on federal lands.

“The Department of Justice and all relevant agencies could analyze the types of reproductive health services that could be provided on federal property, especially in states where such services are limited by state law or regulation,” the letter stated.

The senator’s push for clinics on federal lands is currently prevented by the Hyde Amendment, which prohibits federal funding toward abortions except in cases endangering the mother’s life. Many activists estimate that the Hyde Amendment prevents at least 60,000 abortion per year.

Mr. CARTER of Georgia. Madam Speaker, I rise today to oppose the unconscionable abortion on demand until birth act.

This bill creates a national standard to allow for abortions of unborn children for any reason and at any stage of pregnancy up until birth. As a father and grandfather of six precious grandchildren, I am sickened by the attempt to allow abortion on demand until birth.

Now, Madam Speaker, I will speak for just a second about something that was brought up by one of my colleagues across the aisle about pharmacists dispensing prescriptions for abortion.

Also, Madam Speaker, if you could, do me a favor and get a message to the President who is trying to sign an executive order to force pharmacists to fill prescriptions against their will for abortion. Let me assure you, you can pass all the legislation you want, and you can sign every executive order that you want to sign, but if you think you are going to force a pharmacist to go against their moral obligation to take care of patients and to take care of babies and dispense a prescription that is going to be used for abortion, good luck with that.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from New York (Ms. CLARKE), who is a member of our committee.

Ms. CLARKE of New York. Madam Speaker, I rise today to stand against the vile war for reproductive rights of the women in America.

Just under 50 years ago, *Roe v. Wade* established that every woman holds autonomy over her own body and her reproductive choices. To reject this critical ruling one-half century later at a time when America's maternal healthcare standards are so disgracefully abysmal, particularly for Black and Brown women, is as hateful as it is cruel.

We will not stand for this blatant and brazen attempt to control women. We will not stand for yet another assault that diminishes women by taking away their autonomy of their bodies. We will not stand by and watch extremists erase us from our Constitutional protections.

No. We will not stand for it today. I and my Democratic colleagues will pass the Women's Health Protection Act of 2022 and the Ensuring Women's Right to Reproductive Freedom Act of 2022.

Madam Speaker, I urge our Senators to find the compassion, courage, and their humanity for the women of America by doing the same.

Mrs. RODGERS of Washington. Madam Speaker, I would ask what about the marginalized Black and Hispanic babies who are more likely to be aborted?

Abortion has had a disproportionate impact on minorities and individuals with disabilities.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentleman from California (Mr. CÁRDENAS), who is also a member of the Energy and Commerce Committee.

Mr. CÁRDENAS. Madam Speaker, I rise today in support of the Women's Health Protection Act and lend my voice to the chorus of calls across the country for urgent action on abortion rights.

When I first heard the news of the *Dobbs* decision, I felt as if I were thrown into another country—a country without our Constitution.

How is it that such a fundamental right to our autonomy over one's body, over one's life, and over one's future can be stripped away so callously?

We are talking about far-right Justices telling women that they cannot get the care that they need and telling doctors that they cannot treat their patients to the best of their ability. Yes, these five Justices with no medical expertise stole the fundamental freedom of controlling the health of one's own body and opened the floodgates to criminalize doctors for doing their job.

Make no mistake, Madam Speaker: this is a stain on our healthcare system and a flat-out assault on health equity, and it is a self-inflicted wound.

This resolution will leave women—especially women of color and low-income women, including White women—in the lurch. So in the absence of any respect or compassion for reproductive health in this country, we, as a body,

must show our leadership. It is incumbent upon us elected officials to ensure that the basic right is restored and finally written into law.

The Women's Health Protection Act will do that. It would restore 50 years of precedent and right a deeply invasive wrong. History has its eyes on us.

Madam Speaker, I urge my colleagues to vote "yes."

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS), who is another healthcare provider. Dr. MARIANNETTE MILLER-MEEKS has worked hard to improve the lives of many throughout her career.

Mrs. MILLER-MEEKS. Madam Speaker, I thank my colleague, the Honorable Representative RODGERS, for yielding me time.

Madam Speaker, I rise today in opposition to H.R. 8296. The Supreme Court recently took the important and correct step to return the power to regulate abortion back to State legislators and voters within the individual States while recognizing the sanctity of life.

This concept is so novel and repugnant to the Democrats that they would put forward a radical and extreme abortion bill that would permit abortion even up until birth for any reason. Only seven countries, including China and North Korea, are this extreme.

As a doctor, I am knowledgeable that mid- to late-term abortion is a barbaric procedure which can include dismemberment of the baby and crushing of the skull. This is far more cruel than many of the laws of States that define prisoner abuse of convicted felons and what constitutes animal cruelty. It is a procedure done when the mother is given anesthesia, but the baby can feel pain. Madam Speaker, even though you cannot hear it scream, it can respond to music and respond to touch and the voice of its mother.

We wouldn't allow animals to be treated this cruelly.

Do Democrats think that this elevates women and is compassionate?

Madam Speaker, I include in the RECORD an article from the Charlotte Lozier Institute.

[From the Charlotte Lozier Institute, Feb. 2014]

GESTATIONAL LIMITS ON ABORTION IN THE UNITED STATES COMPARED TO INTERNATIONAL NORMS

(By Angelina Baglini, J.D.)

Abstract: The United States is one of only seven countries in the world that permit elective abortion past 20 weeks. Upholding laws restricting abortion on demand after 20 weeks would situate the United States closer to the international mainstream, instead of leaving it as an outlying country with ultra-permissive abortion policies.

This report compares gestational limits in United States abortion law with gestational limits in the abortion law of the international community. The goal is to determine where the United States stands in comparison to international norms, with its federal policy enshrined in *Roe v. Wade*, which allows abortion past 20 weeks and without restriction until fetal viability.

The sample group for this project included a total of 198 countries, independent states, and semi-autonomous regions with populations exceeding 1 million. Of these 198 countries, independent states, and regions worldwide, 59 allow abortion without restriction as to reason, otherwise known as elective abortion or abortion on demand. The remaining 139 countries require some reason to obtain an abortion ranging from most restrictive (to save the life of the mother or completely prohibited) to least restrictive (socioeconomic grounds) with various reasons in between (e.g., physical health, mental health).

Currently, the United States permits abortion on demand through viability, which is usually marked around 24 weeks. For this report, it is appropriate to compare the United States with the other 58 countries that allow abortion on demand up to some point in pregnancy. The remaining 139 countries require some reason to obtain an abortion (that is to say, they do not permit abortion on demand) and are, by definition, more restrictive than the United States on the issue of gestational limits. To require some reason before obtaining an abortion is inherently more restrictive than not requiring any reason at all.

This report finds that the United States is one of only seven countries in the world that permit elective abortion past 20 weeks. This finding suggests that current proposals in the United States to restrict elective abortions past 20 weeks would move the United States from the fringe, ultra-permissive end of the spectrum to a position closer to international norms.

TERMINOLOGY AND METHOD OF COMPARISON

Not all countries or statutes use the same terminology when drafting restrictions on late-term elective abortion. When drafting a restriction on elective abortion past 20 weeks of pregnancy, the most common measurement of "weeks of pregnancy" is gestational age, or in short form "gestation." Gestational age marks the duration of pregnancy, which is most commonly and medically measured from the date of the woman's last menstrual period. The woman's last menstrual period is the most identifiable date by which to measure the duration of pregnancy, and occurs approximately two weeks before conception or fertilization.

The vast majority of countries in this international survey of abortion laws use gestational age to measure duration of pregnancy. Over 80 percent of countries maintaining some restriction on elective abortion use gestational age as the method of calculating duration of pregnancy. However, a minority of countries measures duration of pregnancy from "conception" or "fertilization." One country measures from the time of "implantation," which occurs approximately one week after conception or fertilization. Some statutes do not even specify a method of measurement, simply using the vague term "weeks of pregnancy" without indicating a precise method measuring the duration of pregnancy.

Conception or fertilization is the moment when an ovum and sperm unite, which creates a unique human organism. The date of conception or fertilization is often difficult to determine, as few women know the exact date they conceived. Because the last menstrual period is a more ascertainable date, in many cases doctors add two weeks to the woman's last menstrual period to approximate the date of conception or fertilization.

This report uses gestation to compare restrictions based on duration of pregnancy. More than 80 percent of countries already use gestation in establishing duration of pregnancy restrictions on elective abortion

and measuring the age of the unborn child using gestation is in line with common medical practice.

For those countries that use a different measurement of age, such as conception or fertilization or pregnancy, this study converts the measurement of age into gestation by adding two weeks to date back to the woman's last menstrual period. Using gestation as a common method of measuring duration of pregnancy restrictions on elective abortion produces a more meaningful comparison.

INTERNATIONAL GESTATIONAL LIMITATIONS ON ELECTIVE ABORTION

The sample group of countries for this project included a total of 198 countries, independent states, and semi-autonomous regions with populations exceeding 1 million.

Of these 198 countries, independent states, and regions worldwide, 59 allow abortion without restriction as to reason, otherwise known as elective abortion or abortion on demand.

The remaining 139 countries require some reason to obtain an abortion ranging from most restrictive (to save the life of the mother or completely prohibited) to least restrictive (socioeconomic grounds) with various reasons in between (e.g., physical health, mental health).

Of the 59 countries permitting elective abortion:

9 countries limit elective abortion before the 12th week of gestation,

36 countries limit elective abortion at 12 weeks gestation,

6 countries limit elective abortion between 12 and 20 weeks gestation,

7 countries permit elective abortion past 20 weeks or have no gestational limit.

1 country maintains a federal system where abortion policy is determined at the state/territory level, and at least two of those states permit elective abortion past 20 weeks

Australia is the one country where a federal system is in place, but abortion policy is determined on the state or territory level. Three states or territories within Australia permit elective abortion, and two allow elective abortion past 20 weeks. However, other states and territories of Australia maintain more restrictive abortion policies and some do not permit elective abortion at all. Due to the diverse range of abortion policy in Australia, from restrictive to ultra-permissive, this study does not include Australia, as a whole, as a country that permits elective abortion past 20 weeks.

More than 75 percent of the countries permitting abortion without restriction as to reason do not permit elective abortions past 12 weeks gestation.

Only 12 percent (7 out of 59) of the countries permitting abortion without restriction as to reason permit elective abortion past 20 weeks gestation.

The U.S. is among these 7 countries that permit elective abortion past 20 weeks. This is true whether 20 weeks is measured from the last menstrual period (gestational age), conception, or implantation. No matter how duration of pregnancy is measured, whether by gestational age or conception or fertilization, or implantation, all countries in this category pass the 20-week threshold. These countries/territories are:

Canada (no restriction in law)

China (no restriction in law)

Netherlands (24 weeks)

North Korea (no restriction in law)

Singapore (24 weeks)

United States (viability)

Vietnam (no restriction in law)

The United States is within the top 4 of most permissive abortion policies in the

world (7 out of 198) when analyzing restrictions on elective abortion based on duration of pregnancy.

IMPLICATIONS FOR CURRENT POLICY IN THE UNITED STATES

Under U.S. law, abortion on demand is permitted without restriction through viability. Viability can vary, and is decreasing in terms of weeks of gestation as perinatal medicine advances, but normally occurs no earlier than 24 weeks.

Recently, in the United States there has been great interest in restricting abortion on demand after 20 weeks. Two states have had 20-week laws on the books since before *Roe v. Wade*. Eleven more states have enacted 20-week laws in recent years. A proposed 20-week law in Albuquerque, New Mexico failed to gain majority support in 2013 but was notable for the engaged citizen activism that resulted in the proposal being put on a municipal ballot for a direct vote.

There is also interest at the federal level in restricting elective abortion after 20 weeks. In 2013, the U.S. House of Representatives passed a 20-week law. A similar law has been introduced in the U.S. Senate.

Permitting abortion on demand past 20 weeks places the United States among the top 4 percent of most-permissive countries in the world based on duration of pregnancy restrictions on abortion. If the United States adopts a federal policy restricting elective abortion past 20 weeks, or if more states adopt such policies, the U.S. will more closely align itself with the international norm that limits elective abortion past 12 weeks. Policies imposing gestational limits on elective abortion have been overwhelmingly adopted by countries permitting abortion on demand, indicating policies that encourage woman's safety in limiting abortion to early pregnancy and policies that protect unborn children from pain and prolonged exposure to the risk of-abortion.

CONCLUSIONS

In terms of gestational limits, the United States ranks among 7 countries with the most permissive abortion policies. The clear norm among countries that permit elective abortion is to limit abortion to before 20 weeks gestation, and elective abortion is more commonly limited to 12 weeks (the first trimester).

Twenty-week abortion laws in the United States are neither extreme nor unreasonable. Rather, they move the United States closer to international norms of legislating what is safe and healthy for the mother and what grants unborn children more protection in the womb.

Mrs. MILLER-MEEKS. Madam Speaker, I ask all my colleagues on every seat in every aisle of this Chamber to vote against this extreme, radical, and cruel abortion bill, H.R. 8296.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from Minnesota (Ms. CRAIG), who is a member of the Energy and Commerce Committee.

Ms. CRAIG. Madam Speaker, exactly 3 weeks ago, five Justices on an activist, extremist Supreme Court handed down a decision that upended nearly 50 years of precedent and rolled back fundamental rights for millions of Americans.

In the weeks since, I have watched in horror as State after State has triggered laws that now prevent a woman or a girl from accessing an abortion even in the case of rape and incest. These events have been shocking to

Americans, not only for millions of women across the country but for the country as a whole.

You call yourselves conservative. We are talking about 50 years of precedent in our Nation.

Because no Government has a place interfering in the decisions between a woman and her doctor, criminalizing abortion, or restricting women's healthcare options.

This is not a controversial position to the American people. A strong majority of my constituents believe that the right to an abortion should be protected by law. This is a freedom and a privacy issue, and the government—not politicians in this room and not politicians in any State in our Nation—should not have any part in this conversation at all. This is a very personal decision between a woman, her family, her doctor, and her faith.

Madam Speaker, I encourage all of my colleagues to join me in voting "yes" to protect *Roe* today.

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

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from the State of Washington (Ms. SCHRIER). Dr. Schrier is also a member of the Energy and Commerce Committee.

Ms. SCHRIER. Madam Speaker, I will tell you, my constituents are up in arms. They are emailing me, and they are calling my office outraged that the freedoms that they have had for 50 years are being stripped away from women in one-half of the States in this country. They are furious when they hear about victims of rape not being able to end a pregnancy and when they see a 10-year-old girl who has to flee to a neighboring State so she won't be forced to carry a pregnancy to term—a 10-year old.

This is barbaric. My constituents are worried about what might come next in our home State of Washington.

I am the only pro-choice woman doctor in all of Congress. In fact, I am a pediatrician. And I have been in the exam room with teens facing unplanned pregnancies and with mothers who find out that the pregnancy they are so excited about is not a viable one. These are deeply personal circumstances. Frankly, when, whether, and under what circumstances to become a mother is the single most important decision a woman will ever make, and that must be hers to make. The government has no place in the exam room.

Today I am voting to make sure that every woman—no matter where she lives—can access abortion, to plan their pregnancies, protect their health, and chart the course of their lives. I want my constituents to know I will fight every day to protect their rights.

Mrs. RODGERS of Washington. Madam Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. SMITH) who spent his life defending the voiceless.

Mr. SMITH of New Jersey. Madam Speaker, I thank my good friend, CATHY McMORRIS RODGERS, the ranking member, for her eloquent defense of the unborn child and their mothers because there are two co-victims in every abortion: mother and baby. I thank her for her leadership. It is extraordinary.

Madam Speaker, according to the January 2022 Marist Poll, only 17 percent of Americans believe that “abortion should be available to a woman any time she wants one during her entire pregnancy.”

When Americans were asked in late June—June 28 to 29—in a Harvard/Harris Poll, a nationwide poll supervised by Mark Penn—and many of us know him; he is a very effective pollster—and the question was put: “Do you think your State should allow abortions up to 9 months” only 10 percent said “yes.”

H.R. 8296 would legally authorize and enable the violent death of unborn baby girls and boys by dismemberment, beheading, forced expulsion from the womb, deadly poisons, or other methods at any time and for any reason until birth.

Don't believe it?

Read section 4 of the bill. It couldn't be clearer.

This bill is far outside the American mainstream and goes far beyond Roe v. Wade.

As a matter of fact, when the Harvard/Harris Poll asked whether or not we should be doing what we are doing today in Congress, they found—and I was a little bit astonished by this—that less than one-third of voters—31 percent—say that abortion laws should be federally set by a congressional vote.

Let me point out to my colleagues because mention was made of this earlier in the debate. Let me be clear, abortion is not healthcare unless one construes the precious life of an unborn child to be analogous to a tumor to be excised or a disease to be vanquished.

This legislation constitutes an existential threat to unborn children. Since Roe v. Wade, approximately 63½ million babies have been killed by dismemberment, chemical poisoning, and beheading—a number that equates with the entire population of everyone living in the country of Italy.

If enacted, this bill would nullify almost every pro-life restriction ever enacted by the States, including parental involvement laws in 37 States and pain-capable unborn child protection laws in 19 States.

I remember when a woman from Virginia formed a group called Mothers Against Minors' Abortion. That mom found out about her daughter's abortion when she was hemorrhaging in her bed. She came and testified before Congress and said: Please, we need to know. We love our daughters. Parental notification laws do work.

Sadly, these will be nullified by this bill.

For decades abortion advocates have gone through extraordinary lengths to

ignore, trivialize, or cover up the battered baby victim. But today, thanks to ultrasound, unborn babies are more visible than ever before. Today science informs us that birth is an event—albeit, an important one—but only an event in the life of a child. Life is a continuum.

Madam Speaker, I ask my colleagues to oppose this bill. The youngest patients and their mothers need protection.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from New Hampshire (Ms. KUSTER), who is a member of our committee.

Ms. KUSTER. Madam Speaker, I rise today in support of the Women's Health Protection Act and to speak for the generation of women who have lost their freedom to make healthcare decisions for themselves. The government has no place inserting itself into people's personal healthcare decisions.

I never expected to be on the floor of the House talking about miscarriage, ectopic pregnancy, or fertility treatments, but here we are.

For many, pregnancy is not an easy path. One in eight pregnancies end in miscarriage, and 1 in 50 women experience ectopic pregnancies—an outcome that always leads to pregnancy loss and poses serious risk of life to the mother.

□ 1015

For countless others, getting pregnant requires costly, exhausting, and complex procedures such as IVF.

Regardless of the circumstances, reproductive health is private.

Pregnancy can be unpredictable. The government has no place in deciding what care patients can receive and doctors can administer. Like all healthcare, decisions surrounding reproductive health should be between a patient and their doctor.

As an adoption attorney, I worked with hundreds of birth mothers making the most personal, consequential decisions of their lives, and not one of those women looked to the government to make that decision for them.

I support the Women's Health Protection Act, and I urge my colleagues to vote “yes.”

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

Mr. PALLONE. Madam Speaker, may I inquire how much time remains on both sides.

The SPEAKER pro tempore. The gentleman from New Jersey has 13 minutes remaining. The gentlewoman from Washington has 16 minutes remaining.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. ESHOO), the chairwoman of our Health Subcommittee.

Ms. ESHOO. Madam Speaker, I rise in the strongest support possible of the Women's Health Protection Act.

In February 2020, I held the first legislative hearing in two decades to protect access to reproductive health.

Since then, we have seen the steady rollback of abortion rights in Republican-controlled States. This means that low-income women and minorities have been living in a post-Roe reality for years now.

Now, the Supreme Court has fully revoked the constitutional right to abortion, leaving States to outlaw and criminalize abortion if they choose to. This devastating decision has created a patchwork of States with differing laws and restrictions, causing societal chaos and confusion across our country.

It is a hunt down of women. It is a hunt down of women.

The Women's Health Protection Act makes sure that every American has equal access to reproductive healthcare, no matter where they live. I am eager to vote for this legislation, once again, and I call on my Senate counterparts to codify these vital protections into law.

Mrs. RODGERS of Washington. Madam Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. JOYCE), a member of the Energy and Commerce Committee and another medical provider.

Mr. JOYCE of Pennsylvania. Madam Speaker, I thank the gentlewoman for yielding.

I rise today in opposition to this legislation that would legalize abortion on demand up until the moment of birth.

As a physician, I first swore an oath to do no harm. As legislators, we cannot, in good conscience, vote to pass legislation that would claim the lives of unborn children in late-term abortions.

This poorly written legislation would put our Nation alongside countries like China and North Korea by allowing discriminatory abortions based on sex, based on race, even based on disability. This is unacceptable, and it is gut-wrenching that Congress would even consider passing such legislation.

This abortion on demand act would override pro-life laws passed in our States and prohibit State-level elected officials from passing legislation to protect unborn children in our communities.

It is time for all Members of Congress to vote against this poorly written bill.

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

Mrs. RODGERS of Washington. Madam Speaker, I yield an additional 30 seconds to the gentleman.

Mr. JOYCE of Pennsylvania. It is time for all Members of Congress to vote against this poorly written bill. I urge a “no” vote.

Madam Speaker, I include in the RECORD two articles, “Democrats Launch Ads in Lifestyle Mags in All Out Push for Abortion” from the Daily Caller and “Ohio Right to Life Says Offices Targeted Twice by Pro-Abortion Vandals with Rocks, Spray Paint” from FOX News.

[From the Daily Caller, July 13, 2022]

DEMOCRATS LAUNCH ADS IN LIFESTYLE MAGS
IN ALL OUT PUSH FOR ABORTION
(By Mary Rooke)

The Democratic National Committee (DNC) launched a digital ad campaign Tuesday in several lifestyle magazines telling readers that Republicans want to outlaw abortion nationwide.

The DNC purchased at least \$10,000 in digital ads in over 20 lifestyle publications to focus on abortion rights issues as the mid-terms approach, the Associated Press reported.

Magazines like Teen Vouge, Elle, Refinery29, Essence, GQ, Esquire, Men's Health, Cosmopolitan and Glamour, hosted the DNC's ads, reported the AP.

The ad showed Republican Kentucky Sen. Mitch McConnell next to blue, pink, and white lettering that read: "Republicans are pushing to ban abortion nationally. Join us in fighting back," according to the report.

The DNC is looking to launch a separate abortion-centered ad campaign with plans to spend six figures, reported the AP.

The DNC's ads promoting a "week of action" to defend abortion are in response to the U.S. Supreme Court's decision to overturn Roe v. Wade, sending abortion law-making back to the state legislatures.

"With this Defend Choice Week of Action, we're giving people across the country a chance to turn their anger into action by holding anti-choice Republicans accountable and helping to elect Democrats," DNC chair Jaime Harrison said, according to the AP.

The DNC held a virtual launch for its "all-hands-on-deck effort to defend choice" on Tuesday night, according to the DNC website.

"This fight isn't over and we need all hands on deck. This event will serve as the kickoff for our Week of Action, which we'll highlight how to get involved with on the call," The DNC event description stated.

The latest Associated Press-NORC poll released Friday showed that only 16% of Americans feel abortion is the biggest issue facing the U.S. In comparison, 40% of U.S. adults said they were more worried about inflation and 33% said gas prices, according to the poll.

The survey polled, 1,053 adults nationwide from June 23-27 with a margin of error of +/- 4.0%.

[From Fox News, July 13, 2022]

OHIO RIGHT TO LIFE SAYS OFFICES TARGETED
TWICE BY PRO-ABORTION VANDALS WITH
ROCKS, SPRAY PAINT

(By Emma Colton)

Dozens of pro-life centers have been targeted across the country since a leaked Supreme Court draft opinion signaled Roe V. Wade would be overturned in May, followed by the nation's highest court ultimately ruling as such in June.

For one pro-life organization in Ohio, it has been targeted twice since last month.

"As pro-lifers, we know that our work might cost us something and that very well could be our physical safety," the executive director of the Right to Life of Northeast Ohio Allie Frazier told Fox News Digital. "I think that it's important in moments like this for the pro-life movement to be really clear that we're not going to be intimidated. We will save babies. We will protect women. And we're not going to let threats of violence stop us from doing that."

Offices for the Right to Life of Northeast Ohio were most recently targeted on July 8, Frazier said, when at least one suspect was caught on camera lobbing rocks at the building, breaking windows and spray-painting menacing messages.

"If abortion isn't safe, neither are you," the suspect, who was seen wearing a face mask, scrawled on the sidewalk of the offices. The phrase has been spray-painted at similar offices across the country, often by members of pro-abortion extremist group Jane's Revenge.

Frazier said it's likely that Jane's Revenge is behind this attack, noting that among other spray-painted messages, the name "Jane" was written on the ground.

"I think It would be easy for a situation like this to be a copycat scenario. But as far as I'm concerned, if any pro-abortion individual decides to take that next step, to take that bad step, and use violence against pro-lifers, that is something that I am going to work hard to protect my staff against," she said.

The incident was reported to the Akron Police Department, Frazier said. The Akron Police Department has not responded to multiple Fox News inquiry requests on the matter.

Frazier said that the damage caused by the vandalism was "significant," but "undoable," noting that repairs were being made to the broken windows as she spoke to Fox News Digital.

"I know that the intention of this attack was to stop us. It was to stop our peaceful activism. It was to stop the ways that we are impacting women and babies in this community for a positive. And they didn't even stop that. I was already back to work in my office within a few hours," she said.

It was the second time the offices were targeted, Frazier said. Activists posted pro-abortion posters at the office on June 24, the day Roe was officially overturned, hung a coat hanger on an office door knob, and rang a Ring security camera before flashing a middle finger to the camera, according to Frazier.

She said that the attacks pro-life centers have recently faced should "100%" be investigated as hate crimes.

"(Pro-abortion vandals) are not afraid of using violence to get what they want. This is absolutely a threat against the peaceful pro-life movement. And we do ask that law enforcement and local, state, and federal leaders continue to lead the way and say, 'Hey, violence is never okay,'" she said.

Pro-life activists have repeatedly called on President Biden to forcefully condemn the attacks on pregnancy centers and churches, including Frazier who called on the president to not "be complicit in this violence."

"Regardless of how people feel on the issue of abortion, everybody should be able to condemn acts of violence against peaceful non-profits. Whether that's an advocacy organization like Right to Life of Northeast Ohio, or a pro-life pregnancy center that are literally meeting the needs of women and babies in crisis," she told Fox News Digital.

The White House has previously condemned the violence at pro-life centers but has come under scrutiny for not doing more.

"Instead of supporting and defending more pro-life pregnancy centers that provide health care and support to women at every stage of life, President Joe Biden and the Left are working to dismantle the work of these amazing centers. They won't strongly condemn the violence and threats pregnancy centers are facing," the Republican House Energy and Commerce Committee posted on Tuesday, demanding Biden "MUST condemn the violence and threats."

Dozens of pro-life centers have faced attack since May, including a pro-life Christian pregnancy center in Buffalo, New York, that was allegedly "firebombed," and a pregnancy center in Dearborn, Michigan, that saw every "window and door along the front face of our building" smashed.

Jane's Revenge has taken responsibility for a handful of the attacks and declared "open season" on pro-life pregnancy crisis centers in a letter published last month.

"We offered an honourable way out," the letter read. "You could have walked away. Now the leash is off. And we will make it as hard as possible for your campaign of oppression to continue."

But to Frazier, the pro-life movement will remain unchanged and committed to protecting women and babies.

"We must be willing to do what it takes to protect women and babies and be ready to take any backlash from that . . . Don't be afraid. We got this," she said of her message to pro-life Americans, adding that pro-lifers can also reach out to their local pregnancy centers to check in on staff and see if they need any additional resources.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. LEE), who is co-chair of the Pro-Choice Caucus.

Ms. LEE of California. Madam Speaker, I thank the chairman for yielding, for his work, and for bringing this bill to the floor.

Let me also take a moment to thank our good friend, a great leader, Congresswoman JUDY CHU, for her vision and her persistent leadership, and Chairman PALLONE for bringing this to the floor, once again.

Last month's Supreme Court decision is having devastating impacts across the country. Now, I remember the days before Roe, and now that the Court has ended Roe, we are truly in a state of a national health emergency.

Abortion bans affect everyone, but their impact falls hardest on folks who face serious barriers to care and already have these barriers presented because of the lack of equity in our healthcare system—women of color, people working to make ends meet, rural people, young people.

It is terrifying now that people could be criminalized for exercising their own personal healthcare decisions. That is wrong. It is morally wrong.

Already, across this country, people are unable to get care and are denied the freedom to make their own decisions about their health and about their futures. Our personal liberties and our freedoms are being taken away. This is just another step in the erosion of our democracy.

It has never been more critical than now that we pass legislation to protect the right to access abortion and ensure that abortion and comprehensive reproductive healthcare are accessible and available for all.

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

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from Pennsylvania (Ms. DEAN).

Ms. DEAN. Madam Speaker, Roe became law when I was 13. For my entire adult life, the right to abortion care—to privacy and the freedom to make my own family planning and healthcare decisions—was guaranteed in all 50 States. It sickens me that it is not the case today. My daughters-in-law, my

granddaughters, and all women and girls have been stripped of human rights and relegated to second-class citizens.

After a decades-long effort, Republicans have fixed the Supreme Court with a few Justices corruptly seated by an autocratic President, and they now behave not as constitutional lawyers but as theocrats.

In overturning Roe and sending a woman's reproductive freedom to State politicians—largely White, male—these Justices have decided their faith should determine everyone else's rights, not the Constitution.

This is a call to the Chamber, to this Chamber, to the Senate, to the administration. We must restore, expand, and protect rights. We must pass laws that combat this regressive, shrinking Court. No excuses.

That is why we are here, yet again, with legislation to codify the right to abortion care.

Last September, the House passed the Women's Health Protection Act, and the Senate sat on its hands. Today, we must pass it again.

I will return to the floor every session, with Representative CHU and many others, until we protect and expand rights. I ask my colleagues to do the same.

Mrs. RODGERS of Washington. Madam Speaker, I yield 1½ minutes to the gentleman from Indiana (Mr. BUCSHON), a doctor who understands what amazing technology is doing to save lives.

Mr. BUCSHON. Madam Speaker, I thank the gentlewoman for yielding.

Madam Speaker, I rise today in opposition to H.R. 8296.

First, I would like to say, as a physician, my colleagues on the other side of the aisle need to focus on what their bill really does. Stop talking about ectopic pregnancies, which are a surgical emergency; fetal demise, where, for unknown reasons, the fetus has passed away; and miscarriages, which, clearly, in many cases, are surgical emergencies and are tragic. That is not what this bill is about.

I have heard claims the bill only codifies provisions of the now-overturned Roe v. Wade decision. That is simply not true. H.R. 8296 would create a national standard to allow abortions at any time up until birth.

As a practicing heart surgeon for 15 years prior to coming to Congress, I operated on children in the neonatal intensive care unit as young as 23 weeks gestation. Even at 650 grams, or 1.4 pounds, and about 6 inches long, I saw life in my tiny patients' little bodies.

This abortion on demand until birth act bill doesn't only allow abortions at any point in the pregnancy. It would also preempt and repeal State laws that require informed consent, ultrasounds, or other testing and counseling before undertaking an elective abortion.

The American people deserve to know the facts about what is really in

this bill. I find it troubling the supporters of this bill, most of whom have never taken care of a patient, continue to mislead the American people about what constitutes healthcare.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Madam Speaker, I want to begin to acknowledge the pain that people have experienced in the wake of being stripped of their rights and being thrust into legal limbo.

We have already seen the impact this horrific decision has had on increased wait times in clinics, and doctors forced to consult with lawyers because of State restrictions, while patients may be dying on operating tables.

The barbaric treatment of the 10-year-old child, a victim of rape, made into a media circus, and the prospect of the doctor who provided her care being subjected to legal action.

We know the Supreme Court has put us all on the wrong side of history. These appalling stories reinforce the fact that denying fundamental healthcare has dire and unforeseen circumstances far beyond the slogans that have been bandied around.

I believe it is our duty to take responsibility to make progress in even these difficult circumstances to provide a path forward. This legislation does that.

We owe it to American families to make progress, to protect them and improve access to this right, and spare them government intrusion into the most sensitive and personal matters. Our rage must be productive.

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. WALBERG), another defender of life.

Mr. WALBERG. Madam Speaker, my heart breaks today. I say that sincerely. My heart breaks to hear the words of my colleagues on the other side of the aisle, who I respect highly for many reasons, who disregard the fact that we are talking about life.

On this floor, we have talked about the need for formula this morning for the same babies we are talking about. We have heard our Speaker many times imploring us to do it for the children. Who are we talking about today?

It breaks my heart to think that my colleagues don't trust women to make decisions about life before life is conceived. It breaks my heart to think that we don't hold men accountable to make decisions to love our girls and women.

It breaks my heart that we would say this is a human right to take life when our Declaration of Independence brought us into being with unalienable rights of life, liberty, and the pursuit of happiness.

We are better than this. We have had 50 years of death. Think about the over 100 years before that we applauded life.

Madam Speaker, it is time for us to stand for individuals taking respon-

sibilities that God has made us capable of, to decide for the best interests of others, including those little children.

Why is the safest place on Earth today the maternity ward nursery in a hospital, but not the womb?

We must change. H.R. 8296 is a bill of death, and it is a bill that takes away responsibility for us, as adults, to do what we must do.

□ 1030

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentleman from New York (Mr. JEFFRIES), the chairman of our Democratic Caucus.

Mr. JEFFRIES. Madam Speaker, I thank the distinguished chairman, Chairman PALLONE, for his leadership in this critically important area, as well as Representative FLETCHER for leading the charge in an area that is significantly important and consistent with the values of this great country; a country that embraces life, liberty, and the pursuit of happiness, land of the free, and home of the brave, liberty and justice for all.

But liberty, justice, and freedom are under assault right now because of a radical, rightwing, illegitimate Supreme Court majority and their extreme co-conspirators here in the House of Representatives attacking freedom.

But this legislation and House Democrats are going to do everything in our power to defend a woman's freedom to make her own reproductive healthcare decisions, a woman's freedom to make a deeply personal decision that should be between a woman and her doctor, not extremists trying to intervene, and her freedom to make the decision to travel to seek abortion care whenever and wherever is necessary.

Those are the stakes. That is why this legislation is so important, and we will always defend these freedoms.

Mrs. RODGERS of Washington. Madam Speaker, I am pleased to yield 1 minute to the gentleman from Oklahoma (Mr. HERN), a defender of freedom, a defender of life, liberty, and the pursuit of happiness for all.

Mr. HERN. Madam Speaker, I thank my colleague for yielding the time.

Last month, our Constitution was upheld at the Supreme Court, and States like Oklahoma took immediate action to protect the lives of the unborn.

This shouldn't be a hard vote. It is the right for children, fully formed in the womb, to be born.

Our allies and like-minded nations around the world do not allow abortions up to the moment of birth, as this bill would do. It is simply barbaric. My colleagues know it is an unpopular position, which is why they have resorted to lies and deceptions about lifesaving care for pregnant women.

Madam Speaker, I urge every Member of this Chamber to vote "no" on H.R. 8296 and protect the right of our future generations to be born.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from North Carolina (Ms. ADAMS).

Ms. ADAMS. Madam Speaker, I thank the gentleman for yielding and for his extraordinary support.

Madam Speaker, I rise today because I am pretty damn angry. You know the Supreme Court's decision overturning the right to abortion care is fundamentally wrong. The Supreme Court greenlit forced pregnancy, taking away the right to bodily autonomy for women.

Abortion is still healthcare. People will still need to access it, and that is why I am supporting the Women's Health Protection Act.

In the wake of the Dobbs decision, we have a State-by-State patchwork that denies women equal protection under the law.

While abortion is still legal in my home State of North Carolina, the State of Texas is suing the government to compel women to carry pregnancies to term, even if it kills the mother.

The attorney general of Indiana wants to force rape victims—even 10-year-old girls—to carry pregnancies to term.

We have a responsibility to stop this draconian overreach by State governments, and we have got to make reproductive freedom—reproductive freedom—the law of the land.

Mrs. RODGERS of Washington. Madam Speaker, may I inquire as to how much time is remaining in this debate.

The SPEAKER pro tempore. The gentlewoman from Washington has 10½ minutes remaining. The gentleman from New Jersey has 4½ minutes remaining.

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BURGESS), a defender of life.

Mr. BURGESS. Madam Speaker, I thank the ranking member for yielding time.

You know, as we hold this debate, I remember back to a morning as a young resident at Parkland Hospital starting out in a residency in OB/GYN and our major professor, our department chairman, Jack Pritchard, addressing us and telling us that starting into a career in OB/GYN, we were in a unique position in medicine.

Every time we took a case, either as a primary doctor or consultant, we would have the unique opportunity to be taking care of two patients who had a combined life expectancy of over 100 years.

He said nowhere else in medicine are you going to be able to affect the future to the degree that you can as an OB/GYN.

In nearly 30 years of practice back in Texas, I have taken care of women with ectopic pregnancies. We did it before. We will continue to do it. It is a surgical emergency, and you don't shy away from it.

Unfortunately, some pregnancies do conclude in a miscarriage, and some of

those do require the attention of a physician. I would not hesitate to do that, then or now.

But what I would not do and could not do was disrupt a viable pregnancy where a child could issue from that care. None of that changes, either before or after the Supreme Court decision.

Look, there have been times when I have had to step in when someone had care at another facility and sought refuge in my emergency room because of severe complications they were having from an abortion done elsewhere.

I would have to step in and correct the problems from the abortionist. I didn't hesitate to do that and will continue to do it in the future, but what I will not do is end a life in a pregnancy.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Madam Speaker, I rise today in strong support of the Women's Health Protection Act which will provide—in law—the right for people to make their own reproductive healthcare decisions.

The Supreme Court's Dobbs opinion overturning abortion rights is infuriating, it is heartbreaking, and it is dangerous.

For almost 50 years, the intensely personal decision about whether to bear a child or have an abortion was where it belongs—with the person who is pregnant.

I remember the days before Roe v. Wade when abortions done without medical care could, and often did, have tragic consequences.

Colleagues, make no mistake: Overturning Roe will not end abortions.

Make no mistake: Taking away the right to abortion care will disproportionately hurt families and individuals who are already struggling, and disproportionately hurt people in rural areas who will struggle to get the care they need.

My colleagues, if you believe life begins at conception, don't get an abortion. But that is a belief, it is not science, and others do not share it.

I don't think anyone over here would ever force someone with your beliefs to get an abortion, but you are forcing your beliefs on others, and that is wrong.

We need to restore personal freedom and put the decision about whether or when to bear a child back where it belongs.

Today, I will enthusiastically vote for the Women's Health Protection Act.

Mrs. RODGERS of Washington. Madam Speaker, I am pleased to yield 1 minute to the gentleman from Virginia (Mr. CLINE), another defender of life.

Mr. CLINE. Madam Speaker, I thank the gentlewoman for yielding time.

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that

among these are life, liberty, and the pursuit of happiness." Life.

Abortion is a termination of that life and a grave human rights abuse, and it must end. No one has the right to end the life of an innocent human being. The government has a duty to protect that right to life.

Since 1973, more than 63 million unborn babies have had their lives cut short. That is a tragedy and simply unacceptable, and I stand here for the sake of millions of children, for the sake of the integrity of our Nation.

Let's follow the science. Preborn humans are, in fact, humans and deserving of life. But, unfortunately, the pro-abortion left has decided that "human" doesn't automatically grant that right and that humans should only be accorded human rights depending on their location, level of dependency, or size.

That mindset is a travesty, and the practice of abortion will go down in history as a great stain on this Nation.

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

Mrs. RODGERS of Washington. Madam Speaker, I am pleased to yield 1 minute to the gentleman from Texas (Mr. PFLUGER), a defender of life.

Mr. PFLUGER. Madam Speaker, I thank the gentlewoman from Washington for yielding time.

Madam Speaker, I rise in opposition to the Democrats' extreme pro-abortion agenda.

Today, I am voting against two bills that go far beyond Roe v. Wade, which is the decision to move these types of unenumerated decisions to the State level, as the Constitution clearly says, backed up by the Supreme Court.

But what my Democrat colleagues are pushing would permit elective abortions, up to and including a baby's due date, an extreme position legalizing abortion based on the child's race, sex, or disability. Tragic.

Another of their initiatives opens up dangerous loopholes for child traffickers to cover up their crimes by forcing victims to receive abortions across State lines, and it criminalizes those who might encourage delaying an abortion, including parents or healthcare providers. Parents.

Since the overturn of Roe v. Wade, Democrats at all levels, including the White House, have spread misinformation and fear surrounding the decision. Presenting the killing of a child as a woman's only avenue to success in her career or life is inhumane and wrong.

Madam Speaker, I encourage all of my colleagues to vote against these bills.

Mr. PALLONE. Madam Speaker, I yield 1½ minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, I thank all of the leaders who recognize that reproductive freedom is a constitutional right.

I rise today, and I stand in the name of a 10-year-old rape victim who was denied an abortion and had to run to another State.

I stand in the name of the young woman who induced an abortion and became criminalized.

I stand in the name of rape victims.

I stand in the name of incest victims.

I stand for reproductive freedom.

And I stand in the name of the Constitution and the Ninth Amendment and the right of women with their faith leaders, their families, their extended knowledge, to be able to make their own decision about reproductive freedom.

I stand for the Women's Health Protection Act because it prohibits a State, local, or Tribal Government from telling abortion providers that they should perform medically unnecessary procedures like ultrasounds and provide patients with medically inaccurate information. This would be prohibited by this particular legislation and, as well, to ensure that they would comply with credentialing or other conditions that do not apply to providers who offer medically comparable services.

I stand in order for the Women's Health Protection Act to cover this United States and to ensure that the Constitution and Ninth Amendment prevails.

I stand because the Supreme Court Justices who swore that they believe in precedent for 50 years of *Roe v. Wade*, under oath, misrepresent to those who they were speaking to that they would adhere to *stare decisis* and the precedent.

I stand because in Texas, the bounty hunters are seeking to criminalize and arrest persons. I stand for H.R. 5710 that will criminalize that activity.

Madam Speaker, I am proud to rise in strong support of H.R. 8296, the Women's Health Protection Act of 2022.

H.R. 8296, the "Women's Health Protection Act of 2022" of which I have been a long-time supporter, would prohibit certain government restrictions on access to abortion.

The bill would ensure physicians' ability to prescribe certain drugs, offer abortion services via telemedicine, and provide immediate abortion services when the mother's health is at risk.

Furthermore, the "Women's Health Protection Act of 2022" would put an end to the hurdles some states have placed in the way of women accessing abortion care.

This bill would prohibit state, local, or tribal governments from requiring abortion providers to:

Perform medically unnecessary procedures like ultrasounds;

Provide patients with medically inaccurate information or;

Comply with credentialing or other conditions that do not apply to providers who offer medically comparable services.

It would also safeguard all abortions before fetal viability, and after fetal viability when a physician determines the continuation of pregnancy puts the mother's life at risk.

Under this bill, patients would not be required to disclose the reasoning behind their decision to receive an abortion, nor would they be forced to attend medically unnecessary health visits before their procedure appointment.

In the wake of the U.S. Supreme Court's decision to revoke the reproductive rights that women have enjoyed for half a century, Congress must act now to enshrine what is left of women's liberties into law.

I stand in proud support of both H.R. 8296, the "Women's Health Protection Act of 2022."

I urge my colleagues to stand up for women and girls and the providers who meet their medical needs every day.

We cannot let those who wish to relegate women to second-class citizens turn back the clock any further.

Mrs. RODGERS of Washington. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from Arizona (Mrs. LESKO), a strong defender of life, who is on the Energy and Commerce Committee.

Mrs. LESKO. Madam Speaker, I rise in opposition to H.R. 8296 because Republicans care about women and babies.

My colleagues across the aisle are unfortunately, once again, attempting to push their abortion on demand agenda, which most Americans find appalling.

This bill is beyond extreme. It permits abortions on demand for any—any reason, up until the moment of birth.

Eighty percent of Americans say that abortion should be illegal in the third trimester, and for good reason. The methods used in late-term abortions to end the life of the preborn baby are truly reprehensible.

□ 1045

The bill before us today almost completely undermines the numerous pro-life laws that States have enacted since the U.S. Supreme Court overturned *Roe v. Wade* by imposing a national standard for abortion on demand.

As a mother and grandmother, I can tell you that preborn babies are unquestionably human lives, and they are lives worth defending.

I find it ironic that the party that tells us to follow the science denies basic science that says life begins at conception, that the first signs of a heartbeat can be detected after just 22 days, and that preborn babies can feel pain as early as 12 weeks inside the womb.

Passing this legislation would be a stain on Congress. Women deserve better than this, and so do their preborn babies. Preborn babies are truly the most vulnerable and defenseless amongst us. We were elected to defend Americans' rights, and yet this Congress seeks to deny vulnerable persons', babies, the most basic right, the right to life.

Mr. PALLONE. Madam Speaker, I have no additional speakers, so I continue to reserve the balance of my time.

Mrs. RODGERS of Washington. Madam Speaker, I yield 3 minutes to the gentlewoman from Minnesota (Mrs. FISCHBACH), another defender of life.

Mrs. FISCHBACH. Madam Speaker, I thank my colleague, a great defender of life, for yielding me this time, and I stand for life today.

Madam Speaker, H.R. 8296, the so-called Women's Health Protection Act, is proof that the left wants to ensure limitless, taxpayer-funded abortion. This is truly outrageous, and the vast majority of Americans do not support abortion without limits.

It is stunning that Congress is wasting its time on legislation that is so out of touch with the people it represents. What we should be focusing on is helping women and protecting the innocent lives of babies.

For that reason, I rise today to offer a motion to recommit to instead consider H.R. 619, the Born-Alive Abortion Survivors Protection Act.

Across the country, abortion providers are denying care to infants born alive after attempted abortions. We are talking about children who have already been born. We are talking about infanticide.

Congress must act to protect innocent, defenseless babies who cannot protect themselves. The Born-Alive Abortion Survivors Protection Act is compassionate legislation that does just that. This bill simply ensures that babies who survive attempted abortions receive the same standard of care that any newborn should receive.

It would require healthcare providers to exercise skill, care, and diligence to preserve the life and health of these children and then immediately transport and admit them to the hospital.

It would impose penalties on providers who purposefully fail to give medical care to these babies.

It would bar criminal prosecution of the mother.

But most importantly, it would save lives.

Coming to Congress, I knew there would be a lot of difficult conversations about the life of the unborn, but I am truly shocked and heartbroken that I have to stand here and defend lifesaving care for babies who have already been born.

Madam Speaker, we can, and we should make every effort to protect the lives of newborn babies.

To my colleagues, this is the simplest vote you will ever have to take. Either you support babies being denied lifesaving healthcare after they are born, or you do not.

Madam Speaker, I ask unanimous consent to include the text of the amendment in the RECORD immediately prior to the vote on the motion to recommit.

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

There was no objection.

Mr. PALLONE. Madam Speaker, I am prepared to close, and I continue to reserve the balance of my time.

Mrs. RODGERS of Washington. Madam Speaker, may I inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentleman from New Jersey has 1½ minutes remaining. The gentlewoman from Washington has 1½ minutes remaining.

Mrs. RODGERS of Washington. Madam Speaker, I yield myself the balance of my time to close.

Madam Speaker, abortion is the sharpest, most soul-searching question before us as a Nation. It pierces every heart. People have strongly held beliefs and stories, and both sides are guilty of dismissing one another.

For those of us who stand for the right to life, we must do a better job of listening and loving. Fear and despair lead to more arguments, anger, discord, and insecurity.

The abortion on demand bill, this bill before us today, though, is extreme. It is abortion for any reason, at any stage of pregnancy until birth. It is not the will of the American people.

I recently spoke with a doctor who shared with me what is possible today. It is American technology and medical technology that allows us now to do surgeries inside the womb.

I am a mom of three young kids, and anyone who has given birth knows that to be able, because of technology, to see the baby develop day by day is just amazing.

Doctors are performing prenatal surgeries and treatments to save lives. This doctor was telling me they can perform a prenatal surgery on 20 different organs. That wasn't possible in 1973 when Roe v. Wade was decided. In fact, the first successful fetal surgery wasn't until 1982.

Many decades later, look how far we have come. Science has evolved. It is my hope that we learn from this and that we reject abortion because it is unthinkable. It is not following the science. It doesn't reflect the latest research or modern medicine. Reject this legislation.

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

Mr. PALLONE. Madam Speaker, I yield myself the balance of my time to close.

Madam Speaker, the Supreme Court's extreme and dangerous decision in Dobbs turns back the clock and jeopardizes the health, well-being, and autonomy of women across the Nation. Access to comprehensive healthcare must include access to abortion, and the ability to access care should not depend on where you live.

The bill before us, the Women's Health Protection Act, restores a right to an abortion nationwide, ensuring that all Americans, regardless of where they live, can make their own decisions about their lives and their futures.

I urge my colleagues across the aisle to support this bill. While Republicans seek to punish and control women by criminalizing abortion nationwide, House Democrats will continue our fight to restore the right to abortion as the law of the land.

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

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

Pursuant to House Resolution 1224, the previous question is ordered on the bill.

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

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

MOTION TO RECOMMIT

Mrs. FISCHBACH. Madam Speaker, I have a motion to recommit at the desk.

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

The Clerk read as follows:

Ms. Michelle Fischback of Minnesota moves to recommit the bill H.R. 8296 to the Committee on Energy and Commerce.

The material previously referred to by Mrs. FISCHBACH is as follows:

Strike all that follows the enacting clause and insert the following:

SECTION 1. BORN-ALIVE ABORTION SURVIVORS PROTECTION.

(a) SHORT TITLE.—This section may be cited as the "Born-Alive Abortion Survivors Protection Act".

(b) FINDINGS; CONSTITUTIONAL AUTHORITY.—

(1) FINDINGS.—Congress finds as follows:

(A) If an abortion results in the live birth of an infant, the infant is a legal person for all purposes under the laws of the United States, and entitled to all the protections of such laws.

(B) Any infant born alive after an abortion or within a hospital, clinic, or other facility has the same claim to the protection of the law that would arise for any newborn, or for any person who comes to a hospital, clinic, or other facility for screening and treatment or otherwise becomes a patient within its care.

(2) CONSTITUTIONAL AUTHORITY.—In accordance with the above findings, Congress enacts the following pursuant to Congress' power under—

(A) section 5 of the 14th Amendment, including the power to enforce the prohibition on government action denying equal protection of the laws; and

(B) section 8 of article I to make all laws necessary and proper for carrying into execution the powers vested by the Constitution of the United States, including the power to regulate commerce under clause 3 of such section.

(c) BORN-ALIVE INFANTS PROTECTION.—

(1) REQUIREMENTS PERTAINING TO BORN-ALIVE ABORTION SURVIVORS.—Chapter 74 of title 18, United States Code, is amended by inserting after section 1531 the following:

"§ 1532. Requirements pertaining to born-alive abortion survivors

"(a) REQUIREMENTS FOR HEALTH CARE PRACTITIONERS.—In the case of an abortion or attempted abortion that results in a child born alive (as defined in section 8 of title 1, United States Code (commonly known as the 'Born-Alive Infants Protection Act')):

"(1) DEGREE OF CARE REQUIRED; IMMEDIATE ADMISSION TO A HOSPITAL.—Any health care practitioner present at the time the child is born alive shall—

"(A) exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to any other child born alive at the same gestational age; and

"(B) following the exercise of skill, care, and diligence required under subparagraph (A), ensure that the child born alive is immediately transported and admitted to a hospital.

"(2) MANDATORY REPORTING OF VIOLATIONS.—A health care practitioner or any

employee of a hospital, a physician's office, or an abortion clinic who has knowledge of a failure to comply with the requirements of paragraph (1) shall immediately report the failure to an appropriate State or Federal law enforcement agency, or to both.

"(b) PENALTIES.—

"(1) IN GENERAL.—Whoever violates subsection (a) shall be fined under this title or imprisoned for not more than 5 years, or both.

"(2) INTENTIONAL KILLING OF CHILD BORN ALIVE.—Whoever intentionally performs or attempts to perform an overt act that kills a child born alive described under subsection (a), shall be punished as under section 1111 of this title for intentionally killing or attempting to kill a human being.

"(c) BAR TO PROSECUTION.—The mother of a child born alive described under subsection (a) may not be prosecuted under this section, for conspiracy to violate this section, or for an offense under section 3 or 4 of this title based on such a violation.

"(d) CIVIL REMEDIES.—

"(1) CIVIL ACTION BY A WOMAN ON WHOM AN ABORTION IS PERFORMED.—If a child is born alive and there is a violation of subsection (a), the woman upon whom the abortion was performed or attempted may, in a civil action against any person who committed the violation, obtain appropriate relief.

"(2) APPROPRIATE RELIEF.—Appropriate relief in a civil action under this subsection includes—

"(A) objectively verifiable money damage for all injuries, psychological and physical, occasioned by the violation of subsection (a);

"(B) statutory damages equal to 3 times the cost of the abortion or attempted abortion; and

"(C) punitive damages.

"(3) ATTORNEY'S FEE FOR PLAINTIFF.—The court shall award a reasonable attorney's fee to a prevailing plaintiff in a civil action under this subsection.

"(4) ATTORNEY'S FEE FOR DEFENDANT.—If a defendant in a civil action under this subsection prevails and the court finds that the plaintiff's suit was frivolous, the court shall award a reasonable attorney's fee in favor of the defendant against the plaintiff.

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

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

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

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

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

"(ii) to remove a dead unborn child.

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

(2) CLERICAL AMENDMENT.—The table of sections for chapter 74 of title 18, United States Code, is amended by inserting after the item pertaining to section 1531 the following:

"1532. Requirements pertaining to born-alive abortion survivors."

(3) CHAPTER HEADING AMENDMENTS.—

(A) CHAPTER HEADING IN CHAPTER.—The chapter heading for chapter 74 of title 18, United States Code, is amended by striking "Partial-Birth Abortions" and inserting "Abortions".

(B) TABLE OF CHAPTERS FOR PART I.—The item relating to chapter 74 in the table of

chapters at the beginning of part I of title 18, United States Code, is amended by striking “Partial-Birth Abortions” and inserting “Abortions”.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

The question is on the motion to recommit.

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

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

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to section 8 of rule XX, further proceedings on this question are postponed.

ENSURING ACCESS TO ABORTION ACT OF 2022

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 1224, I call up the bill (H.R. 8297) to prohibit the interference, under color of State law, with the provision of interstate abortion services, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1224, the amendment printed in part B of House Report 117-405 shall be considered as adopted. The bill, as amended, is considered read.

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

H.R. 8297

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Ensuring Women’s Right to Reproductive Freedom Act”.

SEC. 2. INTERFERENCE WITH INTERSTATE ABORTION SERVICES PROHIBITED.

(a) INTERFERENCE PROHIBITED.—No person acting under color of State law, including any person who, by operation of a provision of State law, is permitted to implement or enforce State law, may prevent, restrict, or impede, or retaliate against, in any manner—

(1) a health care provider’s ability to provide, initiate, or otherwise enable an abortion service that is lawful in the State in which the service is to be provided to a patient who does not reside in that State;

(2) any person or entity’s ability to assist a health care provider to provide, initiate, or otherwise enable an abortion service that is lawful in the State in which the service is to be provided to a patient who does not reside in that State, if such assistance does not violate the law of that State;

(3) any person’s ability to travel across a State line for the purpose of obtaining an abortion service that is lawful in the State in which the service is to be provided;

(4) any person’s or entity’s ability to assist another person traveling across a State line for the purpose of obtaining an abortion service that is lawful in the State in which the service is to be provided; or

(5) the movement in interstate commerce, in accordance with Federal law or regula-

tion, of any drug approved or licensed by the Food and Drug Administration for the termination of a pregnancy.

(b) ENFORCEMENT BY ATTORNEY GENERAL.—The Attorney General may bring a civil action in the appropriate United States district court against any person who violates subsection (a) for declaratory and injunctive relief.

(c) PRIVATE RIGHT OF ACTION.—Any person who is harmed by a violation of subsection (a) may bring a civil action in the appropriate United States district court against the person who violated such subsection for declaratory and injunctive relief, and for such compensatory damages as the court determines appropriate, including for economic losses and for emotional pain and suffering. The court may, in addition, award reasonable attorney’s fees and costs of the action to a prevailing plaintiff.

(d) DEFINITIONS.—In this section:

(1) The term “abortion service” means—

(A) an abortion, including the use of any drug approved or licensed by the Food and Drug Administration for the termination of a pregnancy; and

(B) any health care service related to or provided in conjunction with an abortion (whether or not provided at the same time or on the same day as the abortion).

(2) The term “health care provider” means any entity or individual (including any physician, certified nurse-midwife, nurse practitioner, physician’s assistant, or pharmacist) that is—

(A) engaged or seeks to engage in the delivery of health care services, including abortion services; and

(B) licensed or certified to perform such service under applicable State law.

(3) The term “drug” has the meaning given such term in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).

(4) The term “State” includes the several States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, American Samoa, Guam, the Northern Mariana Islands, each Indian tribe, and each territory or possession of the United States.

(e) SEVERABILITY.—If any provision of this Act, or the application of such provision to any person, entity, government, or circumstance, is held to be unconstitutional, the remainder of this Act, or the application of such provision to all other persons, entities, governments, or circumstances, shall not be affected thereby.

(f) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed to limit the fundamental right to travel within the United States, including the District of Columbia, Tribal lands, and the territories of the United States, nor to limit any existing enforcement authority of the Attorney General or any existing remedies available to address a violation of such right.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees.

The gentleman from New Jersey (Mr. PALLONE) and the gentlewoman from Washington (Mrs. RODGERS) each will control 30 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their re-

marks and add extraneous material on H.R. 8297, the Ensuring Access to Abortion Act of 2022.

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

There was no objection.

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

Madam Speaker, I rise today in strong support of H.R. 8297, the Ensuring Women’s Right to Reproductive Freedom Act, introduced by Representative FLETCHER, a member of the Energy and Commerce Committee.

Last month, when the Supreme Court overturned a woman’s constitutional right to abortion, it also gave license to extreme Republican politicians to pass dangerous laws across the Nation. These State laws criminalize healthcare and create an environment of fear for healthcare providers or anyone else assisting someone who needs an abortion.

Already, abortion bans are in effect in 9 States, and more are expected soon. Republican politicians and anti-abortion extremists are also actively considering even more actions. They want to prevent private citizens from legally crossing State lines to obtain an abortion. They also want to deputize private citizens to track down anyone who might help a woman legally obtain an abortion in another State.

These actions clearly violate the Constitution and the right to travel freely, and this legislation will put those States on notice that their actions to limit their citizens from obtaining the healthcare they need cannot be enforced.

H.R. 8297 reaffirms the right to travel across State lines to obtain a lawful abortion. It protects healthcare providers who provide lawful abortion care to out-of-State residents, and it protects anyone who may assist a woman in crossing State lines to obtain a lawful abortion, such as a friend, partner, or volunteer.

Madam Speaker, the bill also prohibits individuals acting under State law from restricting or impeding access to medication abortions, which States are rushing to restrict despite the clear authority of the Federal Government.

Madam Speaker, while we need the Women’s Health Protection Act to become law to restore access to abortion in all 50 States, we must also mitigate some of the extreme and dangerous laws Republicans are enacting now to prevent women from making their own healthcare decisions.

This legislation does that, which is why I urge my colleagues to support this bill, and I reserve the balance of my time.

Mrs. RODGERS of Washington. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong opposition to H.R. 8297, the Ensuring Access to Abortion Act.