had: Let's have a plan to end this emergency, and let's do it in a way that we can address the issues that need to be addressed.

We have learned a lot during the pandemic about things that worked. Let's do things that work. Let's fix things that don't work, like the telehealth diversion of controlled substances.

Some of those are the things—we have been a year in, since February 1 tomorrow, almost a year since then, and we haven't seen a plan. We haven't seen anything.

There was some stuff done, I know, in the omnibus with telehealth. That is what we are saying. We don't need to continue to operate the country in an emergency status. We need to end it.

So why bring the bill up? They say this is irresponsible, the bill moving forward. The bill was in Rules last night. We have had no word from anybody in the executive branch that they are going to deal with this.

While the bill was being considered in Rules, they come out that it is going to end on May 11?

So this bill is needed. It is needed because it is moving us forward.

What we can do now, as the bill makes its way to the Senate—I don't know if the Senate is going to take it up or not, but what I will pledge to my friend from New Jersey and my friend from California, who is the ranking Democrat on the Health Subcommittee, is that we will work to make sure we find the areas that we need to continue the lessons that we learned, that we need to put into place, into statute, and to take care of things that need to be taken care of.

What we don't need to do is allow the carte blanche, 3-year open emergency pandemic that we know has had issues, as well. I mean, we always talk about the things we want to keep. We can talk about those and work on them.

The things that we need to address, using telehealth to divert controlled substances, we know that that has taken place. There are examples of that. We absolutely need to address that.

I will pledge that we will work, on our side of the aisle, with our friends on the other side of the aisle to find things to make sure that we continue to address the fact that we still have COVID–19.

One thing to note is we are still going to have COVID–19, and we don't need it coming across our borders. Because we are doing this, we also still need to keep title 42 in place.

I look forward to working together. This is necessary. It has moved this administration, hopefully, forward. We can say that, May 11, we move forward on this. I am proud to be the sponsor of it, and I urge my colleagues to support it.

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

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

Pursuant to House Resolution 75, 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

Mr. MOSKOWITZ. Mr. 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:

Mr. Moskowitz moves to recommit the bill H.R. 382 to the Committee on Energy and Commerce.

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

Mr. Moskowitz moves to recommit the bill H.R. 382 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith, with the following amendment:

Add at the end the following new section:

SEC. 3. EFFECTIVE DATE.

The provisions of this Act shall not take effect until the date on which the Secretary of Health and Human Services submits to Congress a certification that such provisions will not result in any negative impact to any individual entitled to benefits under part A or enrolled under part B of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

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 noes appeared to have it.

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

The yeas and nays were ordered.

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

FREEDOM FOR HEALTH CARE WORKERS ACT

Mr. BUCSHON. Mr. Speaker, pursuant to House Resolution 75, I call up the bill (H.R. 497) to eliminate the COVID–19 vaccine mandate on health care providers furnishing items and services under certain Federal health care programs, 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 75, the bill is considered read.

The text of the bill is as follows:

H.R. 497

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 ''Freedom for Health Care Workers Act''.

SEC. 2. ELIMINATING THE COVID–19 VACCINE MANDATE ON HEALTH CARE PROVIDERS FURNISHING ITEMS AND SERVICES UNDER CERTAIN FEDERAL HEALTH CARE PROGRAMS.

The Secretary of Health and Human Services may not implement, enforce, or otherwise give effect to the rule entitled ''Medicare and Medicaid Programs; Omnibus COVID–19 Health Care Staff Vaccination'' published by the Department of Health and Human Services on November 5, 2021 (86 Fed. Reg. 61555) and may not promulgate any substantially similar rule.

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 Indiana (Mr. BUCSHON) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Indiana (Mr. BUCSHON).

GENERAL LEAVE

Mr. BUCSHON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the legislation and to insert extraneous material on H.R. 497.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 497, the Freedom for Health Care Workers Act, introduced by my Energy and Commerce Committee colleague Representative DUNCAN.

I want to start by making one thing clear: I believe in the safety and effectiveness of vaccines. I am a physician. I am pro-vaccine. At the same time, I am conservative, and I believe in individual choice. It is my firm conviction that, whenever possible, the Federal Government should leave decision-making to State or local authorities.

Additionally, my background in medicine has informed my belief that medical decisions are extremely personal and should be made by individuals in consultation with their doctors.

So, at the end of 2021, when the Centers for Medicare and Medicaid Services announced a decision to mandate that healthcare workers receive a COVID–19 vaccine to remain employed, I opposed the decision. I believed this move by the Biden administration to be unnecessary, inappropriate, and a net harm to our healthcare system as a whole.

That is why my colleague VERN BUCHANAN and I led a letter with 113 other Members outlining our opposition to the mandate and our concerns.

Mr. Speaker, I include in the RECORD that letter in opposition to the mandate.

CONGRES OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, December 6, 2021.

Hon. CHIQUITA BROOKS-LASURE,
Administrator, Centers for Medicare & Medicaid Services, Baltimore, MD.

DEAR ADMINISTRATOR BROOKS-LASURE: The COVID–19 pandemic has taken a significant toll on the American public both physically and emotionally for almost two years. In that time, though, multiple vaccines have become widely available for those wishing to

be vaccinated. According to the Mayo Clinic, nearly 60 percent of the United States population over the age of 12 is fully vaccinated, including over 83 percent of the Medicare-aged population.

Thankfully, the United States has seen an overall decrease in new COVID–19 infections, hospitalizations and deaths since vaccines became readily available, and while we are not yet out of the woods, many are saying the end of the pandemic is in sight. Former Food and Drug Administration Commissioner Scott Gottlieb, M.D. recently stated the pandemic ''may well be over'' by January 4, which is the deadline the Centers for Medicare and Medicaid Services (CMS) set for complying with either its vaccination mandate or enforcing the continued use of masks and weekly testing.

At a time when we are facing a growing health care workforce shortage—including a projected physician shortage of more than 100,000 by 2034—implementing a federal vaccine mandate will only serve to exacerbate the problem. By your own admission, ''[t]hese requirements will apply to approximately 76,000 providers and cover over 17 million health care workers across the country.'' It is difficult, if not impossible, to reconcile the rationale for implementing a mandate like this at the tail end of the pandemic while we, as a nation, are struggling to staff hospitals, physician offices and other ancillary providers.

We fully support your agency's goal of ''[e]nsuring patient safety and protection,'' but if seniors are unable to access care because their provider no longer participates in the Medicare program, this rule will undermine its stated goal. By subjecting providers to egregious federal overreach, our nation's most vulnerable populations will be at risk and America's seniors will bear the brunt of any provider loss due to non-compliance with this heavy-handed and constitutionally dubious vaccine mandate. Americans are quitting their jobs at a record pace, and this new federal mandate will only make matters worse and keep more Americans out of the workforce.

There are over 54 million Medicare-aged Americans, and it is our duty as Members of Congress representing those seniors to ensure they maintain access to their preferred health care provider. This is especially true when that means opposing an administrative agency's actions that will lead to fewer options for our constituents; longer wait times; and the inevitability of adverse health outcomes due to fewer available providers.

We strongly urge you to abandon implementing this onerous new rule and instead heed current statistics that show seniors are vaccinated at a higher rate than the rest of the population of vaccinated Americans while also uniquely vulnerable to disruptions in the health care system and consider the potentially negative consequences this mandate will have on the size and strength of our health care workforce. To truly ensure patient safety and protection, we must preserve Americans' access to their preferred providers rather than impose a new one-size-fits-all federal mandate on our nation's health care providers at a time when they can least afford it.

Sincerely,

Vern Buchanan, Elise Stefanik, Jeff Duncan, Jodey V. Arrington, Mike Kelly, Larry Bucshon, M.D., Jim Banks, Brett Guthrie, Jackie Walorski, David B. McKinley, P.E., Gus M. Bilirakis, Bill Johnson, Debbie Lesko, Dan Crenshaw, Bill Posey, Bob Gibbs, Ralph Norman, John Joyce, M.D., Markwayne Mullin, Earl L. ''Buddy'' Carter, Michael Waltz, Doug Lamborn, Randy Feenstra, Neal P. Dunn, M.D., Brian Mast, Robert E. Latta.

Guy Reschenthaler, Kelly Armstrong, William Timmons, Gregory F. Murphy, M.D., Mike Johnson, Beth Van Duyne, Darin LaHood, Warren Davidson, Brian Babin, D.D.S., Brad R. Wenstrup, D.P.M., Glen Grothman, John H. Rutherford, Adrian Smith, Fred Keller, Jack Bergman, Michelle Steel, Kevin Hern, Dan Newhouse, Michael Cloud, Troy Balderson, A. Drew Ferguson, IV, D.M.D., John Moolenaar, Tim Burchett, C. Scott Franklin, Barry Moore, Tom McClintock, Eric A. ''Rick'' Crawford, Ronny L. Jackson, M.D., Jody Hice, Diana Harshbarger, Parm.D., Jason Smith, Tom Rice.

Tom Reed, Carlos Gimenez, Pete Sessions, Greg Pence, Ben Cline, Glenn ''GT'' Thompson, Mariannette J. Miller-Meeks, M.D., Claudia Tenney, Mike Rogers, Ron Estes, Ted Budd, Andy Harris, M.D., David Kustoff, Steve Chabot, Michael Guest, W. Gregory Steube, Randy K. Weber, Majorie Taylor Green, Lance Gooden, Pat Fallon, Michael C. Burgess, M.D., Kat Cammack, Andy Biggs, Carol D. Miller, Andrew S. Clyde, Devin Nunes, Stephanie Bice, Tracey Mann, Daniel Webster, Mary Miller, Darrell Issa, Rodney Davis.

Lisa McClain, Richard Hudson, Ann Wagner, Mario Diaz-Balart, Lloyd Smucker, Jeff Fortenberry, Dan Bishop, Jim Baird, John Rose, Louie Gohmert, David Schweikert, Rick W. Allen, Bill Huizenga, Bryon Donalds, Bruce Westerman, Andrew R. Garbarino, Nancy Mace, Vicky Hartzler, Steven M. Palazzo, Jake LaTurner, Chuck Fleischmann, Tom Emmer, Austin Scott, Trey Hollingsworth, Mike Bost.

Mr. BUCSHON. The move was unprecedented. CMS does not impose such a mandate for any other vaccine. Furthermore, the vaccine, while effective at preventing severe disease and death, is not shown to totally prevent transmission of the virus.

It was difficult, if not impossible, to reconcile the rationale for implementing a mandate like this at the tail end of the pandemic while we as a Nation are struggling to staff hospitals, physician offices, and other ancillary providers.

Our Nation's healthcare system was already facing a growing healthcare workforce shortage, including a projected physician shortage of more than 100,000 by 2034. I was worried—and, indeed, we saw it play out—that implementing a Federal vaccine mandate would only serve to exacerbate the problem.

For example, in my home State, Indiana University lost 125 employees as a direct result of the vaccine requirement, and that is just one small example. Thousands of individuals across the country either resigned or were let go due to this mandate.

Now, over a year later, despite several lawsuits rising through the courts questioning the validity of this exact rule, the Biden administration continues to enforce this mandate.

Today's bill does what the Biden administration will not. It ends the onerous mandate imposed by a Federal Government agency on the American people. It provides important autonomy to healthcare workers and critical relief to hospitals and other facilities that continue to face staff shortages.

My Democratic colleagues will say that this mandate was worth it, that repealing it will hurt healthcare workers or patients they serve. I haven't seen any data to suggest that.

What we do know is that 95 percent of Americans have either been vaccinated or had COVID–19. We know the vaccine no longer totally prevents transmission of COVID–19.

CMS' vaccine mandate won't end with the public health emergency on May 11 or sooner if the previous bill that we just debated goes into law. It will go on indefinitely unless the administration rescinds it or Congress takes action.

Given that the administration threatened to veto this legislation, it doesn't seem like they plan to reverse course, so Congress must step in.

We are not taking away anyone's ability to get vaccinated. Healthcare workers can and should protect themselves, including getting vaccinated if they choose. Nor are we taking away the ability of individual health systems to make decisions about what vaccinations they may require.

□ 1515

For instance, many healthcare systems have required employees to get a flu shot for many years. The Federal Government simply shouldn't demand they do so.

Federal bureaucrats in Washington, D.C., do not know the needs of Hoosiers in my district or many Americans across the country and must not be allowed to make medical decisions on their behalf.

Mr. Speaker, for all of these reasons, I urge my colleagues to support H.R. 497 here today, and I reserve the balance of my time.

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

Mr. Speaker, I rise today in strong opposition to H.R. 497, a bill I consider reckless that endangers the health and well-being of Americans. With this legislation, House Republicans are putting politics over science. The legislation would eliminate the COVID–19 vaccine requirement for healthcare workers. It ignores the fact that vaccination of healthcare workers saves lives and protects the most vulnerable.

The bill has had no hearings, no markups, no opportunity to examine its impact on our healthcare system. It is what we call regular order. But I am not saying that it should have had hearings or markups in committee just for regular order. I believe that if Republicans had taken the time to solicit input on this bill, they would have heard from healthcare leaders that H.R. 497 will jeopardize the health and safety of providers, patients, and their families. That is why we have committee hearings. That is why we have committee markups, to hear and get input from our constituents.

COVID–19 vaccines are safe and effective, and they have been essential to saving lives, rebuilding our economy, and protecting the health of our communities. More than 668 million

COVID–19 vaccine doses have been administered here in the United States, which has resulted in 120 million fewer COVID–19 infections, 18.5 million fewer hospitalizations, and 3.2 million lives saved.

These vaccines are especially vital to protecting the most vulnerable in our community, including seniors, people with disabilities, and people living in nursing homes. The public health data clearly shows that increased vaccination in nursing homes has prevented additional hospitalizations and saved lives. New deaths among nursing home residents decreased by 83 percent once vaccination efforts began.

We also know that vaccination of healthcare providers has protected our healthcare workforce and saved lives by ensuring that patients can receive safe, essential, and timely care. Prior to the availability of COVID–19 vaccines, healthcare providers were at higher risk of becoming infected with COVID–19, endangering themselves and their families while leaving patients without access to care when they needed it most. That is why more than 50 healthcare organizations representing doctors, nurses, and hospitals, agree that requiring COVID–19 vaccination of healthcare workers saves lives and improves health outcomes.

My colleague from Indiana mentioned the U.S. Supreme Court. They actually upheld the vaccine mandate for healthcare workers.

Mr. Speaker, vaccines mandates are also not new. Healthcare workers are often required to receive vaccinations for a variety of infectious diseases. Many States have requirements that healthcare workers be vaccinated against communicable diseases like hepatitis, flu, and measles, mumps, or rubella.

Why wouldn't we want the same requirements to prevent the continued spread of COVID–19, especially amongst our most vulnerable?

Again, in response to my colleague from Indiana, the healthcare workforce has grown since the vaccine requirement, with more healthcare providers and staff employed, for example, on December 10, 2022, than prior to when the COVID–19 vaccine requirement went into effect. As of December 2022, employment in the healthcare sector was 1.2 percent higher than the previous peak of February 2020.

Data shows requiring COVID–19 vaccination of healthcare workers did not contribute to worsening of staffing shortages in nursing homes. Nursing homes who were experiencing staffing shortages prior to COVID–19 had staffing levels remain stable after the COVID–19 vaccine requirement went into effect.

But I have to say, I was most disappointed yesterday. Yesterday, I was at the Rules Committee, last evening, where some of my Republican colleagues chose to ignore the broad-based scientific and medical consensus that the COVID–19 vaccine is safe and effective at reducing deaths and hospitalizations. Instead, some of my Republican colleagues chose to spend their time entertaining fringe theories about vaccine side effects and propagating vaccine myths, despite the fact that millions of Americans have received the COVID–19 vaccine safely and with no effect on their health.

It is just truly disappointing to me that this is what we have come to in the United States Congress. The last thing that I want on either side of this aisle is for any of us to make statements on this floor—and I know you are not saying that, my colleague from Indiana—but I am just so afraid that so much of this rhetoric, particularly last night in the Rules Committee, is giving the impression to the public that they shouldn't take the vaccine. If you listened to the Rules Committee last night and the Republican comments, you would have assumed that; you would suggest that. I think it is very dangerous. People should be taking the vaccine.

Finally, this legislation, I want to say, is also a distraction from Republicans' true agenda on healthcare, which they are continuing to work on behind closed doors, and that is to cut healthcare and retirement for millions of Americans. Republicans have repeatedly pledged that they will refuse to raise the debt limit unless they can cut Social Security, Medicare, Medicaid, and other vital programs. They are so determined to cut Americans' healthcare that they are willing to recklessly risk defaulting on the national debt and wreaking havoc on the economy in order to do so.

If successful, their actions will result in millions of Americans losing benefits and lifesaving protections, including seniors, children with complex medical needs, people with disabilities, and pregnant and postpartum women. This is unconscionable.

I want to underscore that Democrats will not fall for this manufactured crisis, and we will not, under any circumstances, agree to cut these vital programs.

I hope I am wrong. I hope I won't see the other side moving toward these types of cuts. They are unacceptable to us.

I would just say, Democrats are committed to putting families first. We will continue to follow the science to fight COVID–19. We will build on the success of the most productive Democratic Congress in modern history and fight to ensure that Americans have access to affordable and quality healthcare, further lower healthcare, and prescription drug costs, and support our healthcare workforce.

This legislation is dangerous, and I strongly urge my colleagues to oppose it.

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

Mr. BUCSHON. Mr. Speaker, I just want to remind everyone that I am a physician, and I support vaccination. I just don't support the Federal Government mandating it. If local facilities want to mandate vaccination, that is up to them. I just don't believe the Federal Government at CMS should do it. Also, in recent history, the only ones who have cut Medicare are the administration and the Democrats, not Republicans.

Mr. Speaker, I yield 2 minutes to the gentleman from South Carolina (Mr. DUNCAN), the primary sponsor of the bill.

Mr. DUNCAN. Mr. Speaker, I rise in support of my legislation to end Joe Biden's COVID–19 vaccine mandate for our Nation's healthcare workers.

We have had a lot of debate and conversation, and we have learned a lot about COVID since 2020. I am proud to continue our work from last Congress to end this mandate, and I will not stop leading the charge until this requirement is lifted.

No American should be forced to choose between receiving a COVID shot or losing their livelihood. But CMS uses the purse strings of forced policies on healthcare systems. I have serious concerns regarding the practicality, efficacy, and morality of a vaccine mandate for healthcare providers.

The CMS mandate is one of the strictest mandates the Biden administration has implemented. With few permissible exceptions for healthcare workers, this mandate has only created resentment and distrust toward the government and loss of jobs, nursing jobs, CNA jobs, often replaced with traveling nurses being paid a higher rate, a higher cost for the taxpayers and the hospitals.

Joe Biden's draconian vaccine mandate is unscientific, un-American, and is deeply damaging to healthcare workers as we already face a nationwide shortage.

CMS's one-size-fits-all vaccine mandate exacerbates the ongoing staffing shortage by limiting the ability of healthcare providers to make important accommodations and set standards for their employees based on their staffing needs.

No American should stand for this type of authoritarianism that is a detriment to our healthcare system.

Last night, the Biden administration threatened to veto this legislation. The administration went on and on about protecting individuals from COVID–19, but there was no mention that the COVID–19 vaccine prevents transmission. That is because the CDC has confirmed that the shot does not prevent transmission.

Let's follow the science here and allow individuals to make choices for themselves.

I encourage my colleagues to support my legislation, the Freedom for Health Care Workers Act, and give medical freedom back to our Nation's healthcare workers and let them get back to work.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY), who is the

Ranking Member of our Subcommittee on Innovation, Data, and Commerce.

Ms. SCHAKOWSKY. Mr. Speaker, I thank the gentleman for yielding to me.

The Freedom for Health Care Workers Act. Really? Freedom? Freedom from what?

We know that vaccine mandates are absolutely not new, and healthcare workers are often required to get vaccinated against infectious diseases, for various diseases. During the pandemic, the COVID–19 vaccine allowed our heroic nurses and healthcare workers to save lives and protect the most vulnerable, including senior citizens.

But, you know, we are not done with it yet. People are still getting sick and dying. If you have a loved one in a nursing home, if you know people, people you care about, that are immunocompromised, if you have a child who is in fragile health, don't you want to make sure that when you seek care, that the nurse that is going to be serving them, that the healthcare provider, is going to be safe and not bring that disease, not bring COVID to them?

I think this is really a serious mistake that we are making. This is not about freedom. This is about healthcare. Doctors, nurses, hospitals, and the American Medical Society believe that requiring COVID–19 vaccines for healthcare workers saves lives.

Let's do that. Let's save lives. Vote ''no'' on this legislation.

Mr. BUCSHON. Mr. Speaker, I just want to remind everyone that CMS doesn't mandate any other vaccine, and this also doesn't preclude local hospital systems, local governments, or State governments from mandating a vaccine.

Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE), the chairman of the Energy and Commerce Subcommittee on Health.

Mr. GUTHRIE. Mr. Speaker, I rise today in support of H.R. 497, introduced by my good friend from South Carolina, Mr. DUNCAN.

I strongly support this legislation, which would immediately repeal the Biden administration's vaccine mandates for all healthcare workers working in Centers for Medicare and Medicaid Services-regulated facilities.

CMS officials decided in November of 2021 to tell doctors, nurses, chefs, physical therapists, and anyone else working in the facility that sees Medicare and Medicaid patients that they needed to be vaccinated against COVID–19 or lose their job.

This unprecedented, one-size-fits-all mandate came at a time in which healthcare workforce shortages are still challenging healthcare providers all over. This is the only such vaccine mandate in effect by CMS.

This overreaching decision requires affected facilities to be 100 percent compliant or risk significant civil monetary penalties, losing payment on new patients, or even the ability to bill Medicare or Medicaid at all. More consequentially, this misguided policy was issued at a time in which the United States is facing perhaps the worst healthcare workforce shortages in history. In the long-term care industry alone, there are 210,000 fewer jobs now than at the beginning of the pandemic in March of 2020.

We have all read about and heard directly from constituents about the impact this policy had in someone's employment status. The forced choice between getting the jab or losing your job has undoubtedly contributed to an already depleted healthcare workforce nationally and will continue to threaten patient access to high-quality care.

Mr. Speaker, I oppose this mandate, and I encourage my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. CASTOR), who is the ranking member of our Subcommittee on Oversight and Investigations.

Ms. CASTOR of Florida. Mr. Speaker, I rise in strong opposition to H.R. 497, which would actually endanger the lives of frontline healthcare workers, patients, and their families.

We have been fighting the COVID–19 pandemic now for nearly 3 years. Sadly, we have lost over 1 million Americans to this horrendous coronavirus.

Thankfully, we have turned the corner, in large part by making safe, effective, and rigorously tested vaccinations available to all Americans. These lifesaving vaccines help save lives. They help prevent unnecessary hospitalizations and severe illness, as well.

Perhaps nowhere is vaccination more important than for our healthcare heroes who care for our neighbors every day. Vaccination is a vital tool to protect them and to help end the pandemic.

□ 1530

Don't take it from me. Listen to the American Medical Association and the American Academy of Family Physicians who support the vaccination for healthcare workers.

They say that halting vaccination for healthcare professionals would severely and irreparably harm patients and undermine the patient-public interest.

They say the science is clear: No arguments against the need for vaccination are medically valid. Vaccines are our way out of the pandemic. No other measure has been shown to reduce hospitalizations, severe disease, and death to the degree that vaccination does. We must continue to let science lead the way.

Mr. Speaker, I urge my Republican colleagues not to confuse Americans, or worse, endanger their lives. Vote ''no'' on this reckless bill.

Mr. BUCSHON. Mr. Speaker, I support vaccination of healthcare workers. I just don't think that CMS should be mandating it nationally.

Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), a pharmacist.

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

Mr. Speaker, I rise to speak in favor of H.R. 497, the Freedom for Health Care Workers Act. When President Biden, Mr. Speaker, admitted that there is no Federal solution to COVID–19, he admitted that these vaccine mandates are not about public health. They are about control.

Nowhere in America, especially in Georgia's First Congressional District, should workers have to choose between a vaccine and their job.

As a pharmacist, I trust patients to work with medical professionals and their families to make the vaccine decision that works best for them and their health.

Listen, Mr. Speaker, I chose to participate in the trials, in the vaccine trials. I volunteered to do that because I trust the process. But that was my decision, and no one else's, as it should be.

A decision to receive a vaccine is a personal one and should only be done in consultation with a trusted healthcare professional. This mandate has also exacerbated our healthcare worker shortages and could cost patients' lives instead of saving them.

We need policies that empower workers to work, businessowners to innovate, and patients to foster relationships with their healthcare professionals, not one-size-fits-all mandates that are nothing short of government overreach in its most tyrannical form.

Mr. Speaker, I thank Representative DUNCAN and Chairman RODGERS for working together on this legislation, and I encourage my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. ROBERT GARCIA).

Mr. ROBERT GARCIA of California. Mr. Speaker, I want to thank Ranking Member PALLONE for yielding his time and for his leadership in this legislative body.

Mr. Speaker, I rise today to discuss the so-called Freedom for Health Care Workers Act. This legislation is an attack on public health and will endanger the lives of medical personnel and patients. Why should we remove vaccine protections for nurses and medical workers in our hospital and clinical settings?

This bill is not supported by our public health officials and certainly not supported by our nurses on the ground. Why would we endanger vulnerable populations? This is cruel and irrational.

Over 1 million people have died in this country due to the pandemic, many of them nurses and healthcare workers. One of them was my mother, Gaby Elena O'Donnell.

My mom was my rock. She was a kind, loving, and strong immigrant woman who dedicated her life to serving her country and community. She served our country as a frontline healthcare worker. My mom also

taught me what real patriotism is, it is serving your neighbors through service and giving back to your country.

She was on the front lines of this pandemic helping as many people as possible. In the summer of 2020, my mom lost her life to COVID–19.

This vaccine could have saved my mom's life, but it was not yet available. I made a promise to my mom and to my community to fight for legislation that would protect them and keep them from the pandemic and keep them healthy.

No other family should have to go through what mine did and millions of others had to go through in this country. We know, due to science, that the vaccine saves lives, and our medical workers should be able to go to work knowing that their lives won't be endangered due to the service they are giving to our country. Vaccinating hospital and healthcare workers is a basic form of protection that they all deserve.

Mr. Speaker, for this reason, I urge my colleagues to vote ''no'' on the Freedom for Health Care Workers Act.

Mr. BUCSHON. Mr. Speaker, no one is endangered by this legislation. As I have said before, it doesn't prevent healthcare facilities from requiring a COVID vaccine for their employees.

Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. PFLUGER).

Mr. PFLUGER. Mr. Speaker, I thank my colleague for yielding. Mr. Speaker, I rise today in strong support of H.R. 497, Freedom for Health Care Workers Act. I would also like to offer my condolences to my colleague on the other side of the aisle for the loss of his mother. I think that, you know, in a stark contrast of what CMS is doing to mandate this, which is the only vaccine that is mandated, what we should be doing is investigating the origins of COVID, the billions of dollars that have been spent, the countless lives that have been lost.

I am proud to serve on Energy and Commerce, to be the only rural Texan serving on that committee. Growing up in rural Texas, it gave me a strong appreciation for healthcare, for workers just like my colleague's mother, the heroes that were on the front line during the pandemic and those that have served as doctors and nurses in Texas, quite literally, saving lives every single day.

We are facing a massive shortage of healthcare workers throughout our Nation, and, unfortunately, this crisis is amplified in rural America.

Rural healthcare workers and providers are among the most negatively impacted by the President's tyrannical COVID vaccine mandate, which remains in effect for Medicare and Medicaid-certified providers.

The Biden administration should not be forcing American workers to take the vaccine or face the possibility of losing their job. Instead, they should be listening to the reasons that so many people in my district, throughout the State of Texas, and throughout the country, quite frankly, may not want to take it. That choice should not have to be made. Unfortunately, the overreach never ends.

Republicans are standing up today to free our healthcare heroes from this unconstitutional mandate. I am proud to join Representative JEFF DUNCAN on this legislation, and I urge my colleagues to support this bill.

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

Ms. JACKSON LEE. Mr. Speaker, this is another moment that I am on the floor of the House, and I thank the ranking member of the Committee on Energy and Commerce who has been so dutiful throughout the years that we suffered, somewhat lonely and somewhat confused, about COVID–19.

We never experienced this trauma. It certainly brings me to a deep sense of loss to hear a Member speak about the loss of his mother. These are personal matters for many of us, some having lost dear friends, but nothing can equate to losing a beloved loved one.

So when we stand on the floor, we speak with a sense of compassion and concern. I think it is certainly fine for there to be individual—I turn the card. I flip the coin—individual examples of individuals seeking not to be vaccinated. They can find medical facilities that would allow them to work there.

It is no doubt that the actions of the Biden administration saved lives. There is no doubt that, on our side of this issue, 50 healthcare organizations, professional societies, and others, believe that vaccinations helped healthcare workers save their own lives and save the lives of others.

It is well-known that prior to the widespread availability of the COVID–19 vaccine, healthcare workers in the United States were more than three times more likely to die. I have seen it myself. In my community, the Texas Medical Center, all of the beds in every medical facility within the reach of my district and others had people in hallways, in emergency rooms, individuals who couldn't see their loved ones take their last breaths; individuals who flew in from other jurisdictions, other States, desperate to get the care they thought was here in Houston, Texas because, yes, we did have the ability to save lives with the medical technology that we were using.

Many States have requirements that healthcare workers be vaccinated against many things: hepatitis, flu, measles, mumps, or rubella. Why are we trying to stand against COVID–19 in this long litany of infectious diseases? COVID–19 vaccines have resulted in 120 million fewer cases and 18.5 million less hospitalizations and saved $1.15 trillion.

So if we just talked about the numbers, that in and of itself would say that this legislation is wrongheaded, but it is also important to recognize that the Mental Health America, 76 percent of the respondents were worried about bringing COVID home to their children.

These are healthcare professionals. We know of some of them who died, unfortunately, because they got COVID, and they didn't even see their families because of this whole issue of separating people who had COVID. Half of the respondents worried about bringing COVID to their partners or an older family member.

Many U.S. physicians found that the portion of the day spent treating COVID–19 patients was associated with higher PTSD scores, depression, and anxiety. This was not a fun time, but it was the commitment of medical professionals and those who wanted to be saved to use the vaccines and use all precautions.

The SPEAKER pro tempore (Mr. ELLZEY). The time of the gentlewoman has expired.

Mr. PALLONE. Mr. Speaker, I yield an additional 1 minute to the gentlewoman from Texas.

Ms. JACKSON LEE. Mr. Speaker, these medical professionals in the early stages were suffering from higher PTSD scores, depression, and anxiety. Many healthcare workers at the beginning of the pandemic saw workers get sick and die from COVID almost right in front of them, and this contributed to their increased stress and anxiety.

We did push them to the limit when we didn't have massive testing or massive vaccines, I hate to say it, in the past administration. According to the University of Chicago, it was found that an increase in staff vaccination rates resulted in fewer COVID cases among staff and patients.

My final words, Mr. Speaker, is, yeah, this is a free country. Laissez-faire, do as you will, but this mandate for medical workers saved their lives, saved patients' lives, and saved families' lives. I don't understand why we are going down this route where soon it will happen in good time, but since I remember 6 million dead around the world as the number that is gleaming and 1.11 million in the United States, this legislation is not going in the right direction. I ask for opposition to the underlying legislation.

Mr. BUCSHON. Mr. Speaker, CMS mandates one vaccine, COVID–19. They don't mandate any other vaccines. That doesn't mean healthcare workers don't get the COVID–19 vaccine.

Mr. Speaker, I yield 3 minutes to the gentlewoman from Washington (Mrs. RODGERS), the chairwoman of the Energy and Commerce Committee.

Mrs. RODGERS of Washington. Mr. Speaker, I appreciate the leadership of Dr. BUCSHON and thank him for yielding me the time.

Mr. Speaker, I rise in strong support of this legislation. Representative DUNCAN's bill, H.R. 497, the Freedom for Health Care Workers Act, and I join in offering my heartfelt condolences to the gentleman from California, Representative GARCIA, who lost his mom

early on in this pandemic, early on in 2020.

I also want to note that in November of 2021, long after the date it became available, the vaccines did not prevent the transmission of COVID–19.

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We have known since November 2021 that the vaccines do not prevent transmission of COVID–19, yet the Biden administration released their interim final regulation requiring this vaccination for all Medicare and Medicaid providers.

This bill is long overdue to repeal what is an egregious mandate and to return the decisionmaking to our healthcare workers, as well as providing relief to our healthcare facilities that are struggling to hire frontline healthcare workers today.

Because of this mandate, facilities all across this country are being forced to require all of their employees, including support staff such as cooks and cleaners, to get the COVID–19 vaccination regardless of whether they even had the infection prior, or they face civil monetary penalties, a denial of payment for new patients, or termination of their entire Medicare or Medicaid provider agreement.

Healthcare workers have been forced to choose between violating their own personally held beliefs and their healthcare decisions informed by their doctors' medical advice or potentially lose their job and livelihood, be forced to move from their communities, and struggle to pay their bills during record-high inflation.

This mandate did not build trust in the vaccine. It has only further eroded Americans' trust in our public health officials and institutions. The CDC and other institutions have acknowledged that the vaccines do not prevent transmission of the COVID–19 virus, which reinforces that this is just an authoritarian mandate and that it does not protect vulnerable patients.

This is not about science. In Washington State, the Washington State Hospital Association estimates that 2 percent of the workforce has been lost because of this healthcare vaccine mandate. That may not sound like a lot, but at a time when we have unprecedented shortages, we need every nurse and every doctor available to be able to be hired and help meet the needs of patients. This is a burden on an already struggling system.

There is no reason that this administration should continue this policy, but since they haven't taken action, Congress must step in again as we did when we removed the mandate for our troops last year.

I am hopeful that some of our Democrat colleagues will recognize the toll of this mandate on this already stressed workforce and join us in supporting this legislation. Let's return critical healthcare decisions to doctors and their patients. It is time to close this chapter on the pandemic and the mandates and start looking ahead.

Mr. Speaker, I urge my colleagues to support this legislation.

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

Mr. Speaker, I want to correct certain things that are being said on the other side of the aisle.

First of all, the fact of the matter is that the healthcare workforce has grown since the vaccine requirement. There are more healthcare workers now than there were before.

The other thing I keep hearing from my colleagues on the other side of the aisle is that the COVID–19 vaccines do not help prevent infection from the disease. That is factually incorrect. Although breakthrough infections do occur, especially with more transmissible variants of the disease, COVID–19 vaccines still help in preventing infection and reduce transmission.

In fact, according to a study released just this month, it is confirmed that vaccinated individuals were likely to be less infectious than unvaccinated individuals, and the likelihood of transmission fell by 11 percent for each dose of the vaccine.

Moreover, we know that vaccination and continued upkeep with boosters continues to protect the public from infection. According to CDC, the most recent COVID–19 boosters cut the likelihood of infection by more than one-half in those who have gotten them.

As I hope none of us will dispute, even when there is breakthrough infection, vaccines are safe, effective, and dramatically reduce the length of illness. That matters for healthcare workers because we still have thousands of people hospitalized every day with COVID–19, cancer, and other grave illnesses, and without COVID–19 vaccines, we would have fewer people there to take care of them.

COVID–19 vaccines reduce infections, and they save lives. We can't let disinformation dictate our policy choices in this debate. We have to refer to the science.

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

Mr. BUCSHON. Mr. Speaker, viral diseases like measles have been around for centuries. COVID–19 likely will also be persistent.

So, when do my Democratic colleagues propose that this Federal mandate end? I propose that we pass this legislation and end it.

Mr. Speaker, I yield 2½ minutes to the gentlewoman from Florida (Mrs. CAMMACK).

Mrs. CAMMACK. Mr. Speaker, I rise in strong support of H.R. 497, the Freedom for Health Care Workers Act. This bill would repeal the Federal CMS mandate imposed on healthcare workers nationwide.

On December 4, 2020, then-President-elect Joe Biden was asked pointblank if he would mandate COVID–19 vaccines for Americans. His answer? ''No, I don't think it should be mandatory. I wouldn't demand it be mandatory.''

Well, as we came to find out and have since learned, you can't take him at his word. By September 2021, the President's tone and position on vaccine mandates did a complete 180. He said that he was getting impatient and ''frustrated'' with unvaccinated Americans. He went so far as to call it ''a pandemic of the unvaccinated.''

Mr. President, I hate to break it to you, but the American people do not exist to please you or any President for that matter. We don't simply comply because you are ''frustrated.'' Yet, it was his impatience that led to this vaccine mandate.

I don't know about you, but I am not sure where in the Constitution the government's powers over one's personal health decisions can be found, but apparently, those signs that we see so often, particularly outside the Supreme Court Chamber in bold letters screaming, ''My Body, My Choice,'' are only applicable when it is a certain political agenda.

What we do know is that the Biden administration's authoritarian COVID–19 vaccine mandate on our dedicated medical professionals is an absolute abuse of power. It is an attack on the personal freedoms of our frontline workers, and it has certainly unnecessarily exacerbated the healthcare workforce shortage.

This bears repeating: We are not anti-vaccine. We are anti-mandate. If you want the vaccine, great. Take it. If you don't, then don't. It shouldn't be mandated.

As many of you in this Chamber know, my husband serves our local community as a firefighter paramedic. At the height of COVID, as he was showing up—not staying home—and continually responding to 911 calls of folks who were getting sick, not once did a patient ask if he was vaccinated. Not once did they demand that the firefighters who showed up be vaccinated.

When they did answer the call, they went with honor and diligence, and they continued to do their job. Not once did they ask if that patient was vaccinated. Not once did fellow firefighters ask my husband if he was vaccinated.

Likewise, as the hospitals filled up, doctors, nurses, medics, and EMTs were working double and triple overtime, taking care of the sick, comforting people who had been left to take their last breath alone as families were left outside. They never once demanded a vaccinated doctor, never once asked for a vaccinated nurse. They were doing their jobs taking care of them because that is what they do. These are the frontline workers, and it is time we stand up for them.

Today, in every congressional district in America, hospitals are struggling with staffing shortages. We can address these shortages by looking to the thousands of healthcare workers who were fired or left their job because of this mandate.

Let's stand up to the Big Government, one-size-fits-all power grab. It is wrong. It ends today.

Mr. Speaker, I urge my colleagues to support this legislation.

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

Mr. PALLONE. Mr. Speaker, I yield 5 minutes to the gentlewoman from California (Ms. JACOBS).

Ms. JACOBS. Mr. Speaker, I thank Ranking Member PALLONE for his leadership on this issue and for yielding me time.

Vaccinating healthcare workers against COVID–19 is a simple and effective way to save lives. It helped protect our healthcare workers and the most vulnerable from serious illness, hospitalization, and death. It has prevented our healthcare workforce shortage from getting worse by keeping our workers healthy and able to continue their essential work.

H.R. 497 is nonsense and would expose patients to unnecessary risk, all because Republicans are trying to score political points.

That is why my motion to recommit would strike this bill and insert the Women's Health Protection Act, legislation that would actually keep the American people safe and healthy.

Since the Supreme Court overturned the constitutional right to abortion access, 24 States have banned abortion or are likely to do so. Without Roe, Americans are now facing a confusing patchwork of State laws dictating who can make decisions about their healthcare and when.

Without Roe, State governments are forcing pregnancy on people. Maternal and infant healthcare outcomes are worsening. It is harder for people to access medications to treat arthritis, cancer, lupus, and more, all because they are also used for medical abortion.

This is deeply personal for me. As a 33-year-old woman, reproductive healthcare is my healthcare, as it is for millions of Americans. I want the freedom to be able to make the best choices for my body and my life, and so do other Americans.

That is why Congress needs to pass the Women's Health Protection Act to guarantee a pregnant person's right to access an abortion and a provider's ability to deliver these services, regardless of State laws.

Whether we admit it or not, we all know that conversations about reproductive healthcare in the House Chamber aren't reflective of America. In real America, whether you are living in a red State or a blue State or a purple State, the average American wants the freedom and the ability to make their own healthcare decisions, including if, when, and how to have a family.

We saw that clearly reflected in the midterms, with Americans mobilizing to defend abortion rights in places as disparate as California, Vermont, Michigan, Montana, and Kentucky.

The American people want the Women's Health Protection Act, and the House should pass it again today.

Mr. Speaker, I ask unanimous consent to insert 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 California?

There was no objection.

Mr. BUCSHON. Mr. Speaker, I yield 2 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS), who is a physician.

Mrs. MILLER-MEEKS. Mr. Speaker, I thank Dr. BUCSHON for yielding me time.

Mr. Speaker, before I acknowledge my support for the Freedom for Health Care Workers Act, H.R. 497, I want to respond that as a physician, as a mother, as a working woman my entire life, and as a former director of public health, let me just say unequivocally that the care of ectopic pregnancy is not an abortion. That is a lie. That is a misconstruction. I want to put that to rest right now.

Now, on to H.R. 497. This overdue legislation repeals the Biden administration's invasive vaccine mandate for America's healthcare workers who have borne a significant brunt of the COVID–19 pandemic.

As I have listened to this discourse, I thought we were back in 2020. It was deja vu all over again when we just started to have vaccines. We are not at the beginning of a pandemic. We are 2 years, almost 3 years, into a pandemic.

Even before this pandemic, rural areas in southeastern Iowa, such as in my district, were already struggling with maintaining healthcare staffing levels. Existing challenges were exacerbated by the pandemic, which were then compounded by the vaccine mandates.

Healthcare workers, if you will remember, Mr. Speaker, were lauded for over a year for going to work every single day. I was part of that, administering vaccines in all 24 counties in my district. They were lauded for going to work, putting themselves and their families at risk for a novel coronavirus of which we knew very little.

Yet, even though they put themselves and their families at risk, we are going to insult them by telling them, despite a plethora of research and data that infection-acquired immunity can be even superior to the vaccine, that we are going to demand that they be vaccinated even though they worked over a year with no vaccine available, putting themselves at risk.

We also have further data after the delta variant that the COVID–19 vaccine does not prevent transmission. Yes, there is rebound illness. Yes, it does reduce maybe illness and death, but it doesn't prevent transmission.

As a physician, I understand the importance and the meaning of the doctor-patient relationship.

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

Mr. BUCSHON. Mr. Speaker, I yield an additional 15 seconds to the gentlewoman from Iowa.

Mrs. MILLER-MEEKS. Healthcare workers have a variety of knowledge and information available about the vaccine, and like any other individual, they should be able to make healthcare decisions for themselves with the guidance of their physicians. This vaccine mandate is almost malpractice.

Mr. Speaker, I am proud to support this repeal through this legislation.

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

Again, I know that the previous speaker is a physician, and I respect her, but I have to continue to point out that this idea that vaccines don't help prevent infection from the disease is factually incorrect.

I mentioned before various studies, and I include in the RECORD a study by Berkeley Lovelace, Jr., that shows that the vaccine does cut the infection risk.

[From NBC News, Jan. 25, 2023]

UPDATED COVID BOOSTERS CUT THE INFECTION RISK FROM XBB.1.5 SUBVARIANT BY NEARLY HALF, CDC FINDS

(By Berkeley Lovelace Jr.)

The updated Covid boosters reduce the risk of Covid infection from the predominant omicron subvariant by nearly half, according to early data published Wednesday by the Centers for Disease Control and Prevention.

In adults up to age 49, the latest boosters from Pfizer-BioNTech and Moderna were 48% effective against symptomatic infection from the XBB.1.5 subvariant, the new report said. As of Jan. 21, that subvariant accounted for about 1 in 2 new cases in the U.S.

Protection was lower in older groups: The boosters were 40% effective in adults ages 50 to 64 and 43% effective in people 65 and older.

The findings are ''quite reassuring,'' Dr. Brendan Jackson, the head of the CDC's Covid response, said on a call with reporters Wednesday. ''These updated vaccines are protecting people against the latest Covid–19 variants.''

The Covid boosters were modified in the summer to target the BA.4 and BA.5 omicron subvariants, in addition to the original strain of the coronavirus first identified in Wuhan, China, in 2019.

BA.5 was the dominant variant in the U.S. in the fall, but now accounts for only 2% of new cases.

As of last Wednesday, only about 15% of people in the U.S. had received an updated booster, according to CDC data.

''With this data, we see there is a benefit that might convince some people to sign up and get a bivalent booster,'' said Dr. Peter Hotez, the co-director of the Center for Vaccine Development at Texas Children's Hospital and the dean of the National School of Tropical Medicine at the Baylor College of Medicine in Houston.

The CDC report is based on test results from more than 29,100 adults with Covid symptoms who were tested at pharmacies nationwide from Dec. 1 through Jan. 13.

People who were vaccinated but had not received the updated booster were compared to those who got the updated booster in the previous two to three months. Those who hadn't received the updated booster had their last vaccine dose about 13 months ago, Ruth Link-Gelles, who heads the CDC's vaccine effectiveness program, said on the call.

The protection provided by the booster is on par with what's typically seen with the flu vaccine. Flu vaccine effectiveness varies

from season to season, but the shots reduce the risk of the flu by 40% to 60%, according to the CDC.

Dr. Greg Poland, the director of the Mayo Clinic Vaccine Research Group in Rochester, Minnesota, cautioned that the CDC's estimate on the updated boosters may be an overestimate.

People who got the updated boosters are probably ''much more likely to wear masks indoors or restrain their travel or not go to indoor restaurants,'' he said.

He also pointed out that the CDC data doesn't capture people who were vaccinated with the updated booster but were asymptomatic, or people who were sick enough that they went to the hospital.

Hotez said that while the CDC's findings appear promising, he'd like to see data on how well the boosters perform against symptomatic infections after five or six months.

He said he'd also like to see more data on how well the updated boosters work against hospitalization.

Jackson, of the CDC, said on the call that the agency is releasing data later Wednesday that found the updated boosters reduced the risk of death from Covid by nearly thirteenfold, compared to people who are unvaccinated.

The data, he said, also found that people who got the updated booster had more than twofold lower rates of death from Covid compared to vaccinated people who did not get it.

The CDC's report comes a day before a meeting of the Food and Drug Administration's advisory committee that will discuss simplifying the Covid vaccination schedule.

In a document posted online Monday, the FDA proposed using the bivalent formula in all Covid vaccines moving forward, not just for booster shots.

Mr. PALLONE. Mr. Speaker, I include in the RECORD an article from the University of California San Francisco regarding COVID–19 vaccines reducing transmission.

[From the University of California San Francisco, Jan. 2, 2023]

COVID–19 VACCINES, PRIOR INFECTION REDUCE TRANSMISSION OF OMICRON

(By Laura Kurtzman)

Vaccination and boosting, especially when recent, helped to limit the spread of COVID–19 in California prisons during the first Omicron wave, according to an analysis by researchers at UC San Francisco that examined transmission between people living in the same cell.

The study demonstrates the benefits of vaccination and boosting, even in settings where many people are still getting infected, in reducing transmission. And it shows the cumulative effects from boosting and the additional protection that vaccination gives to those who were previously infected. The likelihood of transmission fell by 11% for each additional dose.

VACCINES REDUCE RISK OF SERIOUS ILLNESS FROM OMICRON INFECTION

In dense populations such as prisons, vaccines were shown to significantly reduce the risk of hospitalization and death from Omicron infections.

Of over 20,000 confirmed Omicron infections in California prisons, there were 31 hospitalizations and no deaths attributed to COVID–19 infection.

Vaccinated residents with breakthrough infections were significantly less likely to transmit them: 28% versus 36% for those who were unvaccinated.

''A lot of the benefits of vaccines to reduce infectiousness were from people who had received boosters and people who had been recently vaccinated,'' said Nathan Lo, M.D., Ph.D, a faculty research fellow in the Division of HIV, Infectious Diseases and Global Medicine at UCSF and the senior author of the study, published Jan. 2, 2022, in Nature Medicine. ''Our findings are particularly relevant to improving health for the incarcerated population.''

The researchers analyzed deidentified data collected by the California Department of Corrections and Rehabilitation (CDCR). This included COVID–19 test results, vaccine status and housing locations for 111,687 residents, 97% of whom were male, between Dec. 15, 2021, and May 20, 2022.

Breakthrough infections were common, despite the residents' relatively high vaccination rate of 81% with the primary vaccine series. But the rate of serious illness was low. In just over five months, there were 22,334 confirmed SARS-CoV–2 Omicron infections, 31 hospitalizations and no COVID–19 deaths.

Vaccinated residents with breakthrough infections were significantly less likely to transmit them: 28% versus 36% for those who were unvaccinated. But the likelihood of transmission grew by 6% for every five weeks that passed since someone's last vaccine shot.

Natural immunity from a prior infection also had a protective effect, and the risk of transmitting the virus was 23% for someone with a reinfection compared to 33% for someone who had never been infected:

''A lot of the benefits of vaccines to reduce infectiousness were from people who had received boosters and people who had been recently vaccinated.''—Nathan Lo, M.D., Ph.D

Those with hybrid immunity, from both infection and vaccination, were 40% less likely to transmit the virus. Half of that protection came from the immunity that one acquires from fighting an infection and the other half came from being vaccinated.

The researchers said they were gratified to see that vaccination confers addition protection even for those who had already been infected, but they were surprised by how much the infection continued to spread, despite the residents' relatively high vaccination rates.

''Regardless of the benefits you see in vaccination and prior infection, there is still a high amount of transmission in this study,'' said Sophia Tan, a researcher in Lo's lab and the study's first author. ''We hope these findings can support ongoing efforts to protect this vulnerable population.''

This includes making efforts to keep residents current with boosters and increasing the vaccination rate of the prison staff, only 73 percent of whom had received the primary series at the time of the study.

The general rate of boosting could also be improved significantly. At the time of the study, just 59% of residents and 41% of staff had received all the doses recommended by the U.S. Centers for Disease Control and Prevention (CDC), based on their age and health status.

''Within the two months following vaccination, people are the least infectious, which indicates that boosters and large timed vaccination campaigns may have a role to reduce transmission in surges,'' Lo said. ''New ideas are needed since the risk of infection in this vulnerable population remains so great.''

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

Mr. BUCSHON. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Georgia (Ms. GREENE).

Ms. GREENE of Georgia. Mr. Speaker, I rise in support of the Freedom for Health Care Workers Act.

I would like to take a minute to reflect on what one of my colleagues was talking about across the aisle, and that is about having the ability to choose when it comes to abortion. Yet, here are mandates that have been forced on our healthcare workers since the vaccines have been introduced through the Democrats and through the Biden administration, and it has been devastating for our healthcare industry.

It is pretty hypocritical to talk about abortion rights for healthcare workers in the workplace when they are completely against the ability of healthcare workers, who I would call the experts—doctors, nurses, and people who work in the healthcare field. They have the right to choose when it comes to the vaccines.

□ 1600

Mandates are tyrannical and they need to end. The COVID pandemic is over, and I am glad Republicans are making sure that we declare that this week on the House floor.

I would also point out that we have a severe shortage of healthcare workers, many of whom were heroes who worked on the front lines saving lives throughout this pandemic who have said they don't want a vaccine, they do not want to take it, and they want to trust their own natural immunity. We need to give these healthcare workers the right to choose their natural immunity and not be forced to take a jab or a vaccine that they know they do not need and they do not want.

We believe in freedom here in the Republican Conference. We believe in freedom for Americans. We believe in freedom for the healthcare workers of this country.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time because I believe the other side has more speakers.

Mr. BUCSHON. Mr. Speaker, I yield 1 minute to the gentleman from Missouri (Mr. ALFORD).

Mr. ALFORD. Mr. Speaker, I rise today in support of H.R. 497, the Freedom for Health Care Workers Act.

Mr. Speaker, this is not about political points. This is about freedom. Our workers in the healthcare industry fight every day on the front line for us. These precious workers should never have been placed in this position to choose between a forced medical procedure and losing their employment.

Today, we are going to vote on this bill. I will tell you the story of Melissa Thomas from my district. Melissa lives in Cass County, Missouri. She is a nurse who has served her community for more than 40 years. When CMS, a government bureaucracy, implemented the vaccine mandate, Melissa was presented with three different outrageous choices: to fight for her job, to comply with the mandate, or be forced out of the medical field entirely.

Ultimately, Melissa fought. She was granted an exemption, but Melissa's story does not hold true for thousands

of frontline workers, workers who were forced out of their jobs, where they worked for years to protect us.

Today, I urge my colleagues to pass this bill to end this mandate, to take a stand. This is a stand for freedom.

Mr. PALLONE. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, one of the things that hasn't come up, and it didn't come up in Rules last night as well, we have exemptions for this mandate for people who have serious religious convictions or medical reasons to grant an exemption. No one has mentioned that, but I think it is important that that exists.

The mandate exists, but at the same time, if people have serious religious reservations or they have medical conditions that would result in having an exemption, those do exist. I think everyone should understand that.

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

Mr. BUCSHON. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. VAN DUYNE).

Ms. VAN DUYNE. Mr. Speaker, I rise today in strong support of H.R. 497, the Freedom for Health Care Workers Act.

The people of north Texas have expressed their opposition to President Biden's authoritarian COVID–19 vaccine mandate for a variety of reasons.

Today, I would like to highlight the concerns that I have heard from firefighters and EMTs back home. The Biden administration's COVID–19 vaccine mandate is not only an overreach of government power, it has also become a public safety threat.

Since the vaccine mandate took effect, fire and EMT departments in north Texas have struggled to fully staff their departments.

This administration claims the vaccine requirement is in place to ensure patients have access to safe and essential care, but what about the people who experience a medical emergency, dial 911, and must wait longer for care due to staffing shortages?

Our local firefighters, paramedics, and EMTs provide lifesaving care. A fast response time can quite literally make the difference between life and death. It is already difficult to recruit and retain people to work in these stressful roles. The Federal Government shouldn't make it any harder.

The healthcare system is being overburdened by this unnecessary mandate, which has only worsened the EMS staffing shortage.

Mr. Speaker, I was proud to cosponsor this bill. I urge my colleagues to join me in voting for H.R. 497 today.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

Mr. PALLONE. Mr. Speaker, if the gentleman has additional speakers, I continue to reserve the balance of my time.

Mr. BUCSHON. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. MURPHY), who is a physician.

Mr. MURPHY. Mr. Speaker, I speak on this bill from personal experience because I am probably the only Member in the Chamber who actually fell under this mandate because I am still actively practicing, and I am still on staff at an active medical center.

I have practiced at this one institution for 30 years. I don't know how many calls I got from nurses, people on the floor taking care of COVID patients, pleading with me to not be forced to take this vaccine.

Let me just say, if there were any individuals who knew what they were talking about, it was these nurses. They were actually taking care of COVID patients. I have been very pro-vaccine, very pro-vaccine, but I have said since day one that this is not a decision that should be made between a government and a citizen, but rather one made between a doctor and a patient. It is a medication. There are risks and benefits that go with this.

Sadly enough, we lost a lot of our nurses, way too many, because they chose not to get this. They were young, of fertility age, and they were fearful.

I am just going to speak to my colleague's comments about exemptions. Yes, there were exemptions, but they were minute, and I won't speak about one institution in specific, but nationwide they were oftentimes ignored. Thirty-year-olds who desired not to get this vaccine based upon fears about fertility don't have preexisting medical conditions.

I think this is the right thing. I am pro-vaccine, but I do not believe in the avenue of forced vaccination. I ask my colleagues to support H.R. 497.

Mr. BUCSHON. Mr. Speaker, may I inquire as to how much time remains on each side?

The SPEAKER pro tempore. The gentleman from Indiana has 4½ minutes remaining. The gentleman from New Jersey has 7 minutes remaining.

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

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

I stress again that for people who have serious religious reservations, for people who have medical conditions, they can get exemptions from the mandate.

In addition to that, I know that the previous gentleman on the Republican side talked about risks and side effects. The FDA and CDC have been transparent that there are rare side effects that may happen to some individuals when they take the vaccines, but they and independent health experts all agree that the benefits of being vaccinated far outweigh the risks of any side effects.

Arguments from the other side of the aisle insinuating an inflated risk of side effects also ignore the risks associated with contracting COVID–19 as an unvaccinated individual. COVID–19 is a dangerous disease that has killed over a million of our fellow Americans, and the vaccines are safe and effective. They are strongly protective against severe illness and death.

Mr. Speaker, I am very concerned that some Members use their opportunity to speak on the floor—and I am not saying that the people who spoke here have, but last night I certainly heard it in the Rules Committee—to fan the flames of misinformation when describing the risks of side effects when the risks of being unvaccinated are so grave.

I just think that this is dangerous and opposed by virtually every public health and medical organization. They are saying that they recommend the vaccine. Again, there may be some rare side effects. There may be some people that, you know, would seek to have exemptions. Let's try to understand that this is often a difficult situation, but the bottom line is that vaccines have saved millions of lives, and we can't give the impression that that is not the case.

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

Mr. BUCSHON. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I say again that I am a physician. I was a practicing physician for 15 years before I came into Congress. I am pro-vaccine. I believe that the COVID–19 vaccine saves lives and prevents serious illness. I have been vaccinated myself and boosted. My family has taken the vaccines.

That is not what this is about, Mr. Speaker. What this is about is a Federal mandate to force medical decisions on individual American citizens.

Again, it also doesn't stop local hospitals, like my hospitals in Evansville, Indiana, from requiring the COVID–19 vaccine for their employees. I think we have a disconnect here about what this legislation is actually about. It is actually about Federal control at CMS. Again, CMS has only mandated one vaccine, and that is the COVID–19 vaccine.

Mr. Speaker, I agree with my colleagues on the other side of the aisle that vaccines save lives, but I also think it should be a personal choice, and that is what this is about. We need to get past this because, as I mentioned earlier, other viral diseases like the measles have been around literally for centuries—centuries—so when does a Federal vaccine mandate for COVID–19 end?

When do we come to an end point, say, okay, the risk is so low that we are not going to mandate from CMS that you get a medical treatment that you may not want or you lose your job?

Now, again, I reiterate, if your local hospital or medical facility says, look, this is part of our employment requirement, okay, that is up to them, but not the Federal Government.

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

Mr. ALLEN. Mr. Speaker, the pandemic is over. The President said so himself. So why, then, are our friends on the other side of the aisle fighting

to keep in place an authoritarian mandate on our healthcare workers?

When the Centers for Medicare and Medicaid Services issued its vaccine mandate in 2021, the emergency situation with respect to the delta variant was cited as its justification. The problem isn't just that the delta variant has come and gone, it is that we have an administration that has made a habit out of violating Americans' basic freedoms.

Our frontline workers were the heroes of the pandemic, but this vaccine mandate robbed those very workers of the right to make medical decisions for themselves.

All of the President's vaccine mandates are wrong. They have been wrong from the start. Today, House Republicans will begin to set things straight by prohibiting this administration from enforcing COVID vaccine mandates on our healthcare providers.

During a time of workforce shortages, especially among healthcare staff, no American should be forced to choose between the jab and the job.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

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

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

Mr. Speaker, I am just so concerned that we are seeing another example here on the floor today of what I call Republican extremism. Republicans are keeping up their commitment to extremism, in my opinion, by attempting to eliminate the COVID–19 vaccine requirement for healthcare workers.

Mr. Speaker, this is really dangerous legislation that is going to strain our healthcare system, exacerbate existing staffing shortages, and further limit American families' access to healthcare.

With H.R. 497, the Republicans are really putting politics over science. Democrats are committed to putting families first, where we can continue to follow the science to fight COVID–19. We are going to build on the success. We had a lot of success in the previous Congress in so many things to make sure that Americans have access to affordable and quality healthcare, to further lower healthcare costs and prescription drug costs, and to support our healthcare workforce.

Everything that we do here should be designed to not only prevent infection but prepare for future types of pandemics. I am just so concerned because I listened last night at Rules and here on the floor, and I just think that the impression is being given somehow that maybe people shouldn't take vaccines or that there are risks to vaccines that, in my opinion, are being stated that are way out of proportion or that somehow there is significant evidence out there that it doesn't matter if you get vaccinated or not because that is not going to cause more infection.

The bottom line is that this mandate was put in place for healthcare workers because the agencies involved that studied the science at the Federal level believed that it was going to be a good thing for the healthcare workers themselves, that they wouldn't get ill and die, that it would help in preventing the spread of COVID–19, and that it would give people a sense of security knowing that the people that are helping them when they are sick have also been vaccinated.

□ 1615

I just don't understand why all of a sudden now the Republicans say: Well, that is not really accurate. Let all the healthcare workers do whatever they want.

It makes no sense. I just think it is politically motivated, if you will, because they have certain people, I guess, their base voters, who are anti-vaccination. But you can't be anti-vaccination if you look at the science and what has been done with these vaccinations that saved so many lives, to make it so that now the situation with COVID–19 is much better than it has been in the last few years, which is why the President is saying that he can lift the healthcare emergency.

We have made a lot of progress. We have made a lot of progress because we have based our actions on science. To suggest today that we should eliminate this mandate, I think is very dangerous.

Mr. Speaker, I strongly urge my colleagues to oppose it, and I yield back the balance of my time.

Mr. BUCSHON. Mr. Speaker, I reiterate again that as a physician, I support vaccination for healthcare workers if they choose to do so or if their local medical facility says it is a requirement for them to be employed at that facility. I just don't support the Federal Government mandating it nationwide because they don't mandate any other vaccine, and they never have that I am aware of.

So there are all kinds of other things in medicine that I wish people would do:

I wish people would get screened for colon cancer.

I wish people would get their mammograms.

I wish people would get their pap smears.

I wish people would get their prostates checked.

The reality is it is a free country. We are not going to mandate all of those things, are we?

We could, I guess.

This is just another medical treatment that people should have the freedom to choose. The Federal Government shouldn't be mandating it.

Again, I can't be more clear, and other doctors that have spoken today have said, ''we believe in vaccinations.'' In fact, we did public service announcements supporting it. We just don't believe that CMS should be mandating this for healthcare workers, and that this mandate should end.

Mr. Speaker, I urge all of my colleagues to support H.R. 497, and I yield back the balance of my time.

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

Pursuant to House Resolution 75, 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

Ms. JACOBS. Mr. 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. Jacobs moves to recommit the bill H.R. 497 to the Committee on Energy and Commerce.

The material previously referred to by Ms. JACOBS is as follows:

Ms. Jacobs moves to recommit the bill H.R. 497 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith, with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Women's Health Protection Act of 2023''.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds the following:

(1) 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.

(2) Since 1973, the Supreme Court repeatedly has recognized 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.

(3) Nonetheless, access to abortion services has 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.

(4) 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.

(5) 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.

(6) 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.

(7) 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.

(8) 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.

(9) 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.

(10) 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.

(11) 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.

(12) 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.

(13) 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.

(14) 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.

(15) The cumulative effect of these numerous restrictions has been to severely limit the availability of abortion services in some areas, creating a patchwork system where access to abortion services is more available in some States than 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.

(16) 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.

(17) 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.

(18) 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.

(19) 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.

(20) 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.

(21) 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.

(22) 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.

(23) 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.

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

(25) 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.

(26) 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.

(27) 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 subject 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 a person's ability to terminate a pregnancy, to diminish or in any way negatively affect a person's constitutional right to terminate a pregnancy, or to displace any other remedy for violations of the constitutional right to terminate a pregnancy.

(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 Eleventh 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. 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 noes appeared to have it.

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

The yeas and nays were ordered.

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

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 4 o'clock and 19 minutes p.m.), the House stood in recess.

□ 1645

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. ELLZEY) at 4 o'clock and 45 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

The motion to recommit H.R. 497;

Passage of H.R. 497, if ordered;

The motion to recommit H.R. 382; and

Passage of H.R. 382, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Pursuant to clause 9 of rule XX, remaining electronic votes will be conducted as 5-minute votes.

FREEDOM FOR HEALTH CARE WORKERS ACT

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to recommit on the bill (H.R. 497) to eliminate the COVID–19 vaccine mandate on health care providers furnishing items and services under certain Federal health care programs, offered by the gentlewoman from California (Ms. JACOBS), on which the yeas and nays were ordered.

The Clerk will redesignate the motion.

The Clerk redesignated the motion.

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

The vote was taken by electronic device, and there were—yeas 210, nays 219, not voting 5, as follows:

[Roll No. 97]

YEAS—210

Adams	Bowman	Case
Aguilar	Boyle (PA)	Casten
Allred	Brown	Castor (FL)
Auchincloss	Brownley	Castro (TX)
Balint	Budzinski	Cherfilus-McCormick
Barragán	Bush	Chu
Beatty	Caraveo	Cicilline
Bera	Carbajal	Clark (MA)
Beyer	Cárdenas	Clarke (NY)
Bishop (GA)	Carson	Cleaver
Blumenauer	Carter (LA)	Clyburn
Blunt Rochester	Cartwright	Cohen
Bonamici	Casar	