

I have been around for a while. The one thing I can tell you with certainty, it is easy to get into a war. It is hard as hell to get out of war. I have been around long enough to hear Presidents of both parties talk about war as something simple: You can get into it, you get out of it easy, no big deal. That has never happened. That has never happened.

□ 1450

Even the Pentagon says it will be very complicated to topple Maduro, and what might result might be more violence, more chaos. It could be a quagmire.

All we are saying here is, let's do our job. If you don't want to do the job, I don't know why the hell you are here, seriously. The Foreign Affairs Committee ought to be taking the lead on this. This shouldn't be controversial.

My resolution is a bipartisan resolution. It deserves bipartisan support. This is the least we can do. This is the least we can do.

When we go to war, our troops have no choice but to follow the orders that are given to them. The bottom line is, we have a responsibility to make sure they don't get sent into a mess, that we know what the hell we are doing, that there is a clearly defined mission, and that this is the right thing to do.

It is the wrong thing to do, in my opinion. We have homeless veterans. We can't provide people in this country with healthcare. People don't have adequate housing. People are hungry.

You want to spend billions and trillions of dollars on another war. Well, I don't want any part of it. Please vote for this resolution.

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

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

I am not going to talk to my colleagues because they are not going to answer the question of why two convicted people, not just indicted, were pardoned by the United States President.

Mr. Speaker, I will address my fellow Americans. Congress would need to pass an Authorization for Use of Military Force if President Trump wanted to put boots on the ground or conduct military strikes in Venezuela to abide by the law.

For that, Republicans in Congress would need to cast their vote on whether to commit U.S. Armed Forces to an open-ended conflict that their constituents, the American people, certainly do not want.

Trump ran on ending forever wars, but now he has forgotten what they are, what his own Secretary of Defense, Pete Hegseth, characterized as "interventionism, undefined wars, regime change . . . and feckless nation building." Yet, with Venezuela, Trump is provoking a new war right in our backyard and threatening to destabilize the entire region.

Let's be clear: Claiming a war with Venezuela will be quick and easy is a

fantasy. Maduro is by no means a good guy. He lost the last election and has violently repressed the Venezuelan people to stay in power against their democratic will. To think that if the U.S. military just chases him out, then Venezuela's military and armed groups around the country will welcome democracy with open arms is naive at best.

This administration has no plan for the day after. It has no strategy. If Members do not vote for Mr. McGovern's War Powers Resolution, they are signing their name to everything that comes after, a forever war in our own hemisphere, a quagmire the likes of Vietnam in a country twice the size of Iraq for a length of time that is completely unknown.

How many billions of dollars of taxpayers' money would be spent so Pete Hegseth can play a wartime general? How many U.S. servicemembers would make the ultimate sacrifice so Donald Trump can do in Latin America what Vladimir Putin does in Europe?

The power over matters of war and peace belongs to the United States Congress. It is our most solemn duty given in the Constitution of the United States, and votes like this are our most consequential. They are literally about life and about death.

If history has taught us anything, it is that wars are easy to start, but they are incredibly difficult to end. The choice you make on this vote will carry a long, a very long, a very long part in this history.

Mr. Speaker, I will end with this. Let me just tell you, the cameras of history are rolling. What will be the downstream effects of destabilizing the country, an entire region? Anyone who tells you they know, they are lying.

What we do know is that the American people don't want this. That is unequivocal. Even President Trump's supporters do not understand why he would do this.

I ask you, let's vote in this House for Mr. McGovern's bill. It is the right thing to do. Vote so the American people know how you stood at this point in history.

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

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

The defense of America is what is on the table here. The questions are simple: Does the President have the authority to defend the United States of America against these cartels, against their drugs, their beheadings, their murders? Does he or does he not?

My Democrat friends are arguing that he does not have the authority to defend our country, to protect the people of the United States of America, to protect the people in their communities. That is their argument.

The fact of the matter is, the President has the authority to defend our country, and he has the duty to defend our country.

Mr. Speaker, I urge my colleagues to vote "no," and I yield back the balance of my time.

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

Pursuant to the order of the House of December 16, 2025, the previous question is ordered on the concurrent resolution.

The question is on adoption of the concurrent resolution.

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

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

The yeas and nays were ordered.

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

PROTECT CHILDREN'S INNOCENCE ACT

Mr. MOORE of Alabama. Madam Speaker, Pursuant to House Resolution 953, I call up the bill (H.R. 3492) to amend section 116 of title 18, United States Code, with respect to genital and bodily mutilation and chemical castration of minors, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mrs. BICE). Pursuant to House Resolution 953, the amendment in the nature of a substitute recommended by the Committee on the Judiciary, printed in the bill, is adopted and the bill, as amended, is considered read.

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

H.R. 3492

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 "Protect Children's Innocence Act".

SEC. 2. GENITAL AND BODILY MUTILATION OF A MINOR; CHEMICAL CASTRATION OF A MINOR.

(a) IN GENERAL.—Section 116 of title 18, United States Code, is amended to read as follows:

"§116. Genital and bodily mutilation of a minor; chemical castration of a minor

"(a) GENITAL OR BODILY MUTILATION.—Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly performs, or attempts to perform, genital or bodily mutilation on another person who is a minor, shall be fined under this title, imprisoned not more than 10 years, or both.

"(b) CHEMICAL CASTRATION OF A MINOR.—Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly chemically castrates a minor shall be fined under this title, imprisoned not more than 10 years, or both.

"(c) CERTAIN OFFENSE RELATED TO FEMALE GENITAL MUTILATION.—Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly—

"(1) facilitates or consents to female genital mutilation of a minor; or

"(2) transports a minor for the purpose of the performance of female genital mutilation on such minor, shall be fined under this title, imprisoned not more than 10 years, or both.

"(d) CIRCUMSTANCES DESCRIBED.—For the purposes of subsections (a) and (b), the circumstances described in this subsection are that—

“(1) the defendant or victim traveled in interstate or foreign commerce, or traveled using a means, channel, facility, or instrumentality of interstate or foreign commerce, in furtherance of or in connection with the conduct described in subsection (a) or (b);

“(2) the defendant used a means, channel, facility, or instrumentality of interstate or foreign commerce in furtherance of or in connection with the conduct described in subsection (a) or (b);

“(3) any payment of any kind was made, directly or indirectly, in furtherance of or in connection with the conduct described in subsection (a) or (b) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce;

“(4) the defendant transmitted in interstate or foreign commerce any communication relating to or in furtherance of the conduct described in subsection (a) or (b) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce by any means or in manner, including by computer, mail, wire, or electromagnetic transmission;

“(5) any instrument, item, substance, or other object that has traveled in interstate or foreign commerce was used to perform the conduct described in subsection (a) or (b);

“(6) the conduct described in subsection (a) or (b) occurred within the special maritime and territorial jurisdiction of the United States, or any territory or possession of the United States; or

“(7) the conduct described in subsection (a) or (b) otherwise occurred in or affected interstate or foreign commerce.

“(e) PROHIBITION ON CERTAIN DEFENSE.—It shall not be a defense to a prosecution under subsection (a) that female genital mutilation is required as a matter of religion, custom, tradition, ritual, or standard practice.

“(f) PROHIBITION ON PROSECUTION OF VICTIM.—No person who is chemically castrated or on whom genital or bodily mutilation is performed may be arrested or prosecuted for an offense under this section.

“(g) EXCEPTIONS.—

“(1) PROCEDURES.—

“(A) IN GENERAL.—Genital or bodily mutilation or chemical castration is not a violation of this section if such genital or bodily mutilation or chemical castration is—

“(i) necessary to the health of the minor on whom it is conducted, and is conducted by a person licensed in the place of such conduct as a medical practitioner; or

“(ii) in the case of female genital mutilation, performed on a minor in labor or who has just given birth and is performed for medical purposes connected with that labor or birth by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife.

“(B) HEALTH OF A MINOR.—For the purposes of subparagraph (A), the health of a minor does not include—

“(i) mental, behavioral, or emotional distress; or

“(ii) a mental, behavioral, or emotional disorder.

“(2) EXEMPTION.—Genital or bodily mutilation or chemical castration is not a violation of this section if such genital or bodily mutilation or chemical castration is conducted with respect to any of the following individuals:

“(A) An individual with both ovarian and testicular tissue.

“(B) An individual with respect to whom a physician has determined through genetic or biochemical testing that the individual does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action.

“(C) An individual experiencing infection, disease, injury, or disorder caused or exacer-

bated by a previous genital or bodily mutilation procedure or chemical castration.

“(D) An individual suffering from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the individual in imminent danger of impairment of a major bodily function unless the procedure is performed.

“(E) An individual diagnosed with precocious puberty, to the extent such genital or bodily mutilation or chemical castration is for the purpose of normalizing puberty.

“(h) DEFINITIONS.—In this section:

“(1) GENITAL OR BODILY MUTILATION.—The term ‘genital or bodily mutilation’ means, with respect to an individual, any of the following:

“(A) Female genital mutilation.

“(B) Any surgery performed for the purpose of changing the body of such individual to correspond to a sex that differs from their biological sex, including—

“(i) castration;

“(ii) orchiectomy;

“(iii) scrotoplasty;

“(iv) vasectomy;

“(v) hysterectomy;

“(vi) oophorectomy;

“(vii) ovariectomy;

“(viii) metoidioplasty;

“(ix) penectomy;

“(x) phalloplasty;

“(xi) vaginoplasty;

“(xii) vaginectomy;

“(xiii) vulvoplasty;

“(xiv) reduction thyrochondroplasty;

“(xv) chondrolaryngoplasty; and

“(xvi) mastectomy.

“(C) Any plastic surgery that feminizes or masculinizes the facial or other physiological features for the purposes described in subparagraph (B).

“(D) Any placement of chest implants to create feminine breasts for the purposes described in subparagraph (B).

“(E) Any placement of fat or artificial implants in the gluteal region for the purposes described in subparagraph (B).

“(F) Any surgery to reconstruct the fixed part of the urethra, whether or not such surgery includes a metoidioplasty or a phalloplasty, for the purposes described in subparagraph (B).

“(2) CHEMICAL CASTRATION.—The term ‘chemical castration’ means administering, supplying, prescribing, dispensing, distributing, or otherwise conveying to an individual medications for the purposes described in paragraph (1)(B), including—

“(A) gonadotropin-releasing hormone (GnRH) analogues or other puberty-blocking drugs to stop or delay normal puberty;

“(B) testosterone or other androgens to biological females at doses that are supraphysiologic to the female sex; and

“(C) estrogen to biological males at doses that are supraphysiologic to the male sex.

“(3) BIOLOGICAL SEX.—The term ‘biological sex’ means, with respect to a person, the classification of the person as male or female at birth.

“(4) FEMALE GENITAL MUTILATION.—The term ‘female genital mutilation’ means any procedure performed for non-medical reasons that involves partial or total removal of, or other injury to, the external female genitalia, and includes—

“(A) a clitoridectomy or the partial or total removal of the clitoris or the prepuce or clitoral hood;

“(B) excision or the partial or total removal (with or without excision of the clitoris) of the labia minora or the labia majora, or both;

“(C) infibulation or the narrowing of the vaginal opening (with or without excision of the clitoris); or

“(D) other procedures that are harmful to the external female genitalia, including pricking, incising, scraping, or cauterizing the genital area.

“(5) MINOR.—The term ‘minor’ means any person under the age of eighteen years.

“(6) MALE.—The term ‘male’ means a person who naturally has, had, will have, or would

have, but for a congenital anomaly, historical accident, or intentional or unintentional disruption, the reproductive system that at some point produces, transports, and utilizes sperm for fertilization.

“(7) FEMALE.—The term ‘female’ means a person who naturally has, had, will have, or would have, but for a congenital anomaly, historical accident, or intentional or unintentional disruption, the reproductive system that at some point produces, transports, and utilizes eggs for fertilization.”

(b) CLERICAL AMENDMENT.—The table of sections for chapter 7 of title 18, United States Code, is amended by striking the item related to section 116 and inserting the following:

“116. Genital and bodily mutilation of a minor; chemical castration of a minor.”

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

After 1 hour of debate, it shall be in order to consider the further amendment printed in House Report 119-411, if offered by the Member designated in the report, which shall be considered read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question.

The gentleman from Alabama (Mr. MOORE) and the gentleman from Maryland (Mr. RASKIN) each will control 30 minutes.

The Chair recognizes the gentleman from Alabama.

□ 1500

GENERAL LEAVE

Mr. MOORE of Alabama. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3492.

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

There was no objection.

Mr. MOORE of Alabama. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, we as a Nation are facing one of the greatest crises of our time: Child abuse disguised as medical intervention. Children are being coerced by adults in positions of authority into life-altering and medically questionable gender transition procedures without a full understanding of the meaning or that impact.

Democrats have embraced an extreme position on this so-called gender-affirming care. They are more interested in promoting the radical left policies than protecting our children from harm. Despite the American public's widespread rejection of the practice in 2024, the radical left continues to distort the debate surrounding so-called gender affirming care.

Instead of accurately describing the procedures as harmful and life-altering, the left deceptively frames the

procedures as being necessary to improve the health and the well-being of our children.

Through gender-affirming care, Democrats are indoctrinating children and causing them to make life-altering decisions about their body involving hormones and surgery and jeopardizing their health. So-called gender-affirming care is the genital mutilation and chemical castration of children. It is not lifesaving care. It is child abuse.

All evidence points to the fact that gender transition procedures, including the puberty blockers, the hormones, and the surgeries, are a form of genital mutilation. More and more de-transitioners, such as our brave Chloe Cole, are coming forward to share their horrific experiences of being used as experiments of the medical establishment. The majority of these brave transitioners are girls and women.

The first rule of medicine is do no harm. Yet, those in the medical community performing these grotesque procedures on children are committing some serious harm. In fact, these procedures are so grotesque that during the markup of this legislation, our colleagues on the other side of the aisle had a hard time hearing these specific procedures described. This begs the question: If they cannot bear to hear this, why are they forcing it on our children?

Doctors across the U.S. and other countries are beginning to take a stand against those in the medical community who insist on these being life-saving procedures. They should be questioned. Even our neighbors to the North have acted responsibly.

In Canada, all genital surgeries are only available to children who are 18 years of age or older. This policy aligns with the World Professional Association for Transgender Health standards. According to these standards, a person must be the age of majority to undergo reassignment surgery.

Likewise, in Austria, the Czech Republic, Croatia, Denmark, Finland, Italy, Latvia, Lithuania, the Netherlands, Poland, Portugal, Spain, and Sweden, the minimum age requirement to undergo any sex reassignment surgery is 18. We should not fall behind these countries when it comes to protecting our children.

The Protect Children's Innocence Act will hold those accountable who perform or attempt to perform genital mutilation and chemical castration on our children. This bill expands the covered offenses to include body mutilation and chemical castration of minors. Victims are protected by ensuring that they cannot be arrested or prosecuted if one of these, or other prohibited procedures, are performed on them.

This legislation continues President Trump's important priority to protect children. Earlier this year, President Trump issued an executive order titled: "Protecting Children From Chemical and Surgical Mutilation." This order defunds the chemical and surgical mu-

tilation of children and halts the use of Federal funds supporting gender-affirming medical care for youth under the age of 19.

H.R. 3492 works to codify President Trump's executive order and amends section 116 of the United States Code to explicitly include bodily mutilation and chemical castration.

My colleagues on the other side of the aisle have lamented: Leave our children alone. Madam Speaker, that is exactly what this bill does. This issue is simple. Do not force children into making decisions that they will not be able to reverse. Do not make these children lifelong patients and dependent on the medical system. Most importantly, do not abuse our Nation's children.

Madam Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

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

Madam Speaker, the bill would subject doctors, nurses, other medical providers, and even parents to up to 10 years' incarceration in Federal prison and up to \$250,000 in criminal fines for providing gender-affirming healthcare like hormone therapy to minors.

They want to criminalize more than a dozen different evidence-based medical treatments and procedures that are presently being recommended and used for gender dysphoria including the prescription of puberty blockers, which are commonly used by families for young people who are not trans but who face all the medical and social problems associated with early-onset puberty.

The gentlewoman's bill would engineer a massive invasion of the privacy rights of families engaged in medical decisionmaking in America. I thought a belief that families should be able to make their own decisions for their own children was something that united Liberals and Conservatives.

These are hard and often agonizing decisions that loving American families in our country face. Our colleagues now want to invite the Federal Government to come barging into the family dining room and in the doctor's exam room like a raging bull in a china shop.

Does anyone believe the Freedom Caucus and President Trump love America's children more than their own parents do or that they can make better decisions for tens of thousands of American children than their own parents? I can't understand the logic of it.

At a time of skyrocketing healthcare costs—which our colleagues will do nothing about except perhaps a handful of them who have crossed over to join us today in a discharge petition—at a time of skyrocketing healthcare costs, grocery prices, and housing, not to mention the recent news of escalating unemployment higher than the last 4 years, does anybody think that what the American people need right now and are looking for is a Federal law au-

thorizing FBI agents and government prosecutors to investigate doctors, nurses, hospitals, and parents for providing AMA-recommended medical care to children?

The politicians that have brought America to a point of crisis in healthcare coverage for millions of Americans—and can't seem to do anything about it—cannot be trusted to make the most intimate and fundamental decisions for the physical, mental, and emotional well-being of America's children. Let us leave it to people's parents. Let us leave it to the families.

Madam Speaker, I reserve the balance of my time.

Mr. MOORE of Alabama. Madam Speaker, I would like to mention that Gavin Newsom signed a bill into law recently not to notify parents. Administrators and schoolteachers don't notify parents that their kids are considering a transition. We do trust parents in many cases, but in a lot of cases in some of these blue States parents are not notified.

Madam Speaker, I yield 5 minutes to the gentlewoman from Georgia (Ms. GREENE).

Ms. GREENE of Georgia. Madam Speaker, one of the most serious responsibilities we have as adults, and particularly those of us who are elected and hold power when it comes to legislating and making law, is to protect children.

Today, the House is delivering on what the American people voted for. This is the opportunity to vote to end the gender mutilation of children via transgender treatments for children. I introduced this important bill years ago, and it is finally set for a vote in the House today.

It will criminalize gender-affirming care on minors, not adults, on minors who have not yet grown up to make adult decisions. It will end gender mutilation and chemical castration of children and imprison offenders for up to 10 years.

This is a direct legislative reflection of President Trump's executive order and every single Republican's campaign promise in 2024. It was also one of the top issues across the country.

Most Americans agree that kids just need to grow up before they do anything radical like a mastectomy on a 15-year-old girl, castrating themselves through surgery, or even taking dangerous drugs that have lifelong effects.

□ 1510

American children are being systematically indoctrinated with perverse gender ideology by teachers, doctors, mental health counselors, and on social media platforms. Autistic children are particularly vulnerable and are three to four times more likely to have gender dysphoria.

Joe Biden's former Assistant Secretary of Health, Richard Levine, who identifies himself as Rachel Levine, called for the Federal Government to

empower kids to go on puberty blockers and obtain sex-reassignment surgeries.

We truly don't know the lifelong effects of puberty blockers, but we do see the lifelong effects of sex-reassignment surgeries.

For far too long, children have been sexually exploited under the malicious falsehood of so-called gender-affirming care. Mutilating children's bodies and giving them sterilizing drugs is anything but affirming and anything but care.

These types of surgeries and hormone treatments are destroying children's lives all across the country, while this perverted multibillion-dollar industry rakes in profits. Pharmaceutical company Pfizer led the way in hormone production drugs, with revenues up to \$74 million from those products in 2022 alone. Total revenues for transgender drugs and surgeries in 2023 were estimated to surpass \$4.4 billion, and by 2030, the market is expected to grow to nearly \$8 billion.

There are for-profit pediatric gender clinics as well as hospitals that receive Federal funding that are engaged in this type of child abuse. One of the Nation's top children's hospitals in the country, Boston Children's Hospital, even released videos that explained its surgeries, promoting sterilization, castration, and mutilation of children to kids and their parents. The hospital had been discovered to have performed gender-affirming chest surgeries on 15-year-old girls—girls that are not even old enough to get a tattoo, buy nicotine, buy alcohol, and even vote.

Jamie Reid, who worked at a gender clinic and directly assisted transitioning 1,500 patients, she says, age 3 to 25 years old over 5 years, publicly came out to discuss the atrocities happening to children at these gender clinics.

"When a female takes testosterone, the profound and permanent effects of the hormone can be seen in a matter of months. Voices drop, beards sprout, body fat is redistributed. Sexual interest explodes, aggression increases, and mood can be unpredictable."

One of the side effects includes sterility.

Can you imagine this happening to a young woman before she is ever even of legal age to be considered an adult?

Jamie Reid has full blown come out as a whistleblower on how fraudulent the entire industry is. The clinicians didn't care about the symptoms of the child. If the child believed they were trans, the clinicians took their word for it.

If a child believes that they are a unicorn, do adults take their word for it, as well?

We have laws that prevent children from being sexually exploited already on the books. As a matter of fact, in 2020, this body passed a law to stop the female genital mutilation of young women all across America. My bill has the exact same Commerce Clause that is in the law preventing FGM.

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

Mr. MOORE of Alabama. Madam Speaker, I yield an additional 1 minute to the gentlewoman from Georgia.

Ms. GREENE of Georgia. Madam Speaker, we already have Federal laws that stop the sexual exploitation of children related to porn and sex crimes against children, and these Federal laws are so important because they protect children all across America.

There is historical data that shows that 60 to 90 percent of prepuberty children with gender dysphoria stop identifying as trans once they grow up. In 2022, there is a statistic that says that only 12 percent of boys with gender dysphoria continue it into adulthood.

This is a matter of common sense. This is a vote of good versus evil. It is our duty as a governing body, filled with responsible adults, to protect children from making the worst mistake of their lives before they are ever grown up and have the ability to enter into adulthood.

Madam Speaker, I urge the House to vote "yes" on the Protect Children's Innocence Act and do the right thing for America's children.

Mr. RASKIN. Madam Speaker, I yield 2 minutes to the distinguished gentleman from California (Mr. TAKANO), the chair of the Congressional Equality Caucus.

Mr. TAKANO. Madam Speaker, I rise in strong opposition to this bill. There are not words strong enough to express my disgust.

I will respond to the gentlewoman from Georgia. Gender-affirming surgery is never performed on young children. It is extremely rare for older transgender adolescents. This bill would have little impact on surgeries for transgender young people because surgery is already extremely rare for transgender adolescents.

Republicans keep bringing up surgeries to shift attention away from how extreme this bill is. This bill hypocritically bans safe and effective medications for an entire group of people just because of who they are, while still allowing them for everyone else.

This bill will not lower the cost of your healthcare. It will not protect children. It will not ease the strain on doctors and other healthcare providers.

What it will do is interfere with parental choice and open private medical data up to Federal investigation. It threatens to jail doctors who follow evidence-based practice supported by every medical association in the United States. It deprives children of proven lifesaving medical care.

My Republican colleagues should be ashamed. I am ashamed of what they are doing. I am ashamed that trans children out there may see this debate in the people's House and watch elected officials lie about them. I am ashamed that the world sees this democracy spending its time wielding the law as a weapon to attack a few rather than use the law as a shield to protect the vulnerable.

I am furious that, while millions of families struggle to afford groceries, healthcare, rent, and basic necessities, this is the vindictive, petty garbage that Republicans are using the people's House to put to a vote.

Banning healthcare for trans people cannot be justified by science. Using the Federal Government to strip parents of their right to make decisions for their children is a massive violation.

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

Mr. RASKIN. Madam Speaker, I yield an additional 30 seconds to the gentleman from California.

Mr. TAKANO. Madam Speaker, jailing doctors and, in some cases, parents for following best medical practices is backward, ignorant, and dangerous.

My colleagues who support this bill are not vested with the power to say that someone does not deserve medically necessary care. This body has a duty to protect the vulnerable. This bill is a radical perversion of that duty and a disgusting abuse of power.

Mr. MOORE of Alabama. Madam Speaker, this is not rare; 5,700 children had these surgeries, mainly between 2019 and 2023, in mainly blue States.

Here on PBMs, it says that puberty blockers have not been approved by the FDA for the indication of gender dysphoria, and they are off-label uses. So these are not safe uses in many cases of these transitions.

Madam Speaker, I yield 2 minutes to the gentlewoman from South Carolina (Ms. MACE).

Ms. MACE. Madam Speaker, I rise in strong support of the Protect Children's Innocence Act.

When we are talking about "shameful," shameful is castrating a kid. Shameful is chopping off the breasts of an underage girl, and that is what the Democrats are doing today. It is obscene. It is disgusting. You are seeing in real time Democrats wanting and defending grooming of children, and it is abhorrent.

There is a lie at the heart of the debate that we are having today that I have to correct. No child is born in their wrong body. There are only two sexes. They are male, and they are female. There are no others.

Every child is created in the Lord's image, and we cannot remain silent while demonic forces are here today on the floor, the left, here to groom children and defend it.

Children are innocent. For too long, Democrats have tried to mainstream satanic, irreversible procedures which destroy the bodies of young children and often lead to kids being sterilized for life. It leads to disease, leads to cancer, and leads to suicide.

Democrats say to protect trans kids. I came here today to the floor of the House of Representatives to say: There is no such thing as a trans kid. Transgenderism is a mind virus perpetuated by the far left to groom kids.

□ 1520

This is not gender-affirming care. It is genital-destroying child abuse.

This chemical and surgical mutilation of children has devastating consequences on their physical and mental health, and many live to regret it. Many live to detransition if they make it out at all.

This is sick. This is disgusting. We cannot allow the left to prey on under-age kids any longer.

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

Madam Speaker, at a time when our colleagues are perfectly content to see millions of Americans lose their health insurance, when they do nothing to extend the Affordable Care Act tax credits that millions of Americans are depending on, at a time when they are happy to throw millions of people off of Medicaid coverage, they decide to change the subject in order to vilify and demonize a small minority.

That is a time-honored tactic in the authoritarian playbook, to pick a small minority of citizens—here, we are talking about around 2 million people who are transgender in America—and scapegoat them, dehumanize them, demonize them, satanize them, take away their basic freedoms, and even deny their very existence.

It is happening to gay people right now in Putin's Russia and in Orban's Hungary. It is happening to Uyghurs and Tibetans in China. It is happening to Christians and free-thinkers in Pakistan. It is happening to Muslims in India. Now, it is happening to trans people in America when they are happy to attack them, vilify them, and try to destroy their community. If they purport to be acting in the name of the trans community, why is it that the trans community opposes their legislation so strongly?

Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. KRISHNAMOORTHY).

Mr. KRISHNAMOORTHY. Madam Speaker, I rise in strong opposition to H.R. 3492.

This measure would allow politicians, not doctors, not families, to decide medically necessary care for family members. It criminalizes medically necessary, evidence-based lifesaving care, and it threatens parents and physicians with prison time for providing care for their kids.

As millions of Americans face losing their health insurance, Republicans are not working to protect coverage or lower costs. Instead, they are focused on throwing the parents and doctors of trans youth into jail.

We should be strengthening care, not dismantling it. We should trust doctors and families, not replace medicine with ideology. No parent should have to fear prosecution for trying to get their child the care they need, and that is exactly what this measure would do.

Madam Speaker, I urge a strong "no" vote.

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

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Madam Speaker, I join many of our colleagues in opposing this hateful and harmful legislation. This is a devastating moment for transgender youth, their parents, and their healthcare providers across the country.

The so-called Protect Children's Innocence Act is a blatant attack on the rights of parents. It allows the government to interfere with very personal healthcare decisions.

My Republican colleagues have spent years touting parental rights, yet now they want to put moms and dads and doctors in prison for deciding how to best support their own children. It is dangerous, and it is wrong. These decisions belong to parents, their children, and their healthcare providers, not politicians.

Every parent wants what is best for their children. As a parent, I cannot imagine how I would feel if a doctor told me that Republicans in Congress banned lifesaving, evidence-based care that would help my child.

Medical care for transgender youth is safe, effective, and supported by major medical associations. Access to transgender-related healthcare is critical, medically necessary, and often lifesaving.

The President and my Republican colleagues have spent the year scapegoating a very small group of very vulnerable children because they have no solution to strengthen the economy, reduce healthcare costs, or make our communities safer. This legislation is just the latest attack.

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

Ms. BONAMICI. As I close, Madam Speaker, I find it disturbing that my—The SPEAKER pro tempore. The time of the gentlewoman has again expired.

Mr. RASKIN. Madam Speaker, I yield an additional 20 seconds to the gentlewoman from Oregon.

Ms. BONAMICI. I find it disturbing and disappointing that my colleagues seem to be more obsessed with what genitals are in people's pants than whether they can afford their healthcare or housing bills.

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

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

Madam Speaker, we know that the proponents of this legislation are certainly not speaking for the families that have to deal with this problem because all of them are lobbying against this. They are saying that the last thing we want at this point is to send the FBI and Federal prosecutors in to deal with the problem. Let them deal with it. Well, perhaps they are speaking from medical authority? No, not at all.

Look at the letter that was just sent to Members of Congress. "We, the undersigned medical professional organizations, write in strong opposition to H.R. 3492 and H.R. 498. These bills would criminalize and dismantle healthcare for transgender young people and as such represent a direct threat to patient welfare. We urge you to reject these extreme proposals."

Look who signed this: American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Psychiatric Association, and so on.

The leading medical authorities in the country are saying: Hey, we can work this out at the State level.

The gentleman referred to California. There are States that are regulating in the field as they regulate lots of different kinds of medical treatments and procedures. Suddenly, we are going to turn the United States Congress into a super-medical licensing board for the entire country?

This is why our colleague from the other side of the aisle, Mr. ROY, raised the question of whether this is even constitutional. Where is the Federal jurisdictional nexus for us to be overriding State medical boards in order to bulldoze into people's living rooms and their kitchen tables to usurp the family decisionmaking process of Americans across the country?

Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. SALINAS).

Ms. SALINAS. Madam Speaker, I rise in opposition to this disgusting bill that does nothing to protect children's innocence.

It endangers parents, healthcare providers, and children. It allows healthcare providers and parents to be fined and possibly jailed if they help a minor access lifesaving care. It permits Federal law enforcement to act as the national gender police, allowing them to invade children's private medical records.

This bill puts even more children in harm's way and exacerbates the mental health crises that our young people are facing because it stops them from actually receiving the care that they need right now.

Madam Speaker, why is our focus on this when what I am hearing from constituents is that Republicans are falling short in addressing the cost of groceries, healthcare, and housing?

To my Republican colleagues, why not focus on the issues that will impact millions of families who are just one paycheck away from homelessness or losing their healthcare instead of waging a war on children's genitals? What is this unhealthy obsession? Let's end it today by voting "no" on H.R. 3492.

Mr. MOORE of Alabama. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, in February 2024, the American College of Pediatricians released a position statement detailing

how social transition, puberty blockers, and cross-sex hormones have no demonstrable long-term benefits on the psychological well-being of adolescents in gender dysphoria.

I am reminded of a quote that a Vanderbilt University doctor said in 2022. He said: "These affirming procedures are huge moneymakers."

We are here to protect the children.

Madam Speaker, I yield 2 minutes to the gentleman from West Virginia (Mr. MOORE).

Mr. MOORE of West Virginia. Madam Speaker, I rise in strong support of this legislation.

I thank Congresswoman GREENE for bringing this bill up for debate here on the floor. I am a proud original cosponsor of this legislation.

We have heard a couple of people say that we are made in the image and likeness in God. For all of our clever scientific methods and self-rationalization out there, that is an absolute truth.

What this legislation is trying to do, and what it is going to do, God willing that it is signed into law, is prevent child abuse. That is what is going on in this country by allowing this. It is going to make it a felony for anybody to continue this abusive genital mutilation in this country on minors, on children. It is abhorrent what is being allowed right now in this country.

A felony, I think, is what is going to be able to stop this, and it should have been a felony a long time ago. I thank God that we have legislation that is going to make this criminal because it is a criminal act that is being done on the most vulnerable people in our society.

I point to a longitudinal study that was done by a Dr. Zucker years and years ago in Canada. They took minors who were looking at transitioning and actually gave them mental health counseling. By the end of that, at the age of 18, they had the option to transition or not. Ninety percent or more did not transition.

We have a mental health crisis in this country. Instead of addressing it, we are cutting people's body parts off. I rise in strong support of this legislation.

□ 1530

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. DEXTER), who is both a mom and a doctor.

Ms. DEXTER. Madam Speaker, I rise today to say as clearly as I possibly can: Politicians have no role in the medical exam rooms.

As a physician who spent 20 years caring for patients, I know responsible care requires building trust and understanding between a patient, their parent, and their physician. I never consulted a politician, and no doctor ever should.

At a time when our country is facing a critical physician shortage, Republicans are threatening them with going

to prison simply for providing evidence-based care.

This legislation fundamentally breaks a critical trust between patients, their parents, and their physicians, pulling them into a dangerous political crusade that targets our vulnerable transgender youth.

I offered two amendments: One to ensure no doctor can be imprisoned for providing evidence-based care and one to provide parents with protection when supporting their children's health. Republicans refused a vote on both.

We should be empowering doctors to take care of their patients, not locking them up. I will be relentless to keep politicians out of the exam room.

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

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentleman from Florida (Mr. FROST).

Mr. FROST. Madam Speaker, Republicans' whole healthcare plan is to restrict our ability to access healthcare. They are raising premiums, kicking millions off of Medicaid, and now forcing children to go without lifesaving care.

Under this bill, doctors and parents will spend 10 years in prison for saving kids' lives. If trans kids need care, they should have the freedom to get it, and their parents and doctors should not be jailed for it.

It amazes me that Republican politicians can't think of any better use for the power of the Federal Government than to bully transgender kids in bathrooms and schools. Now they want to be inside of their doctors' offices.

What amazes me even more is that they dare to call this bill the Protect Children's Innocence Act. Do you know what actually robs a child of their innocence? When they have to hide in a closet, in a bathroom, or in a locker as someone shoots and murders their classmates right in front of them.

If you want to protect the innocence of a child, why don't you ban assault weapons instead of banning healthcare. After all, the leading cause of death for a child in this country is bullets.

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

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Mrs. RAMIREZ).

Mrs. RAMIREZ. Madam Speaker, the Republican Party is quickly becoming the party of child suffering. Under their leadership and because of their policies, children are sick from cuts to Medicaid and the end of the ACA subsidies. They are hungry from cuts to SNAP. They are orphaned by violently abducting their parents. They are criminalized and strip-searched at the border, and now they are denied lifesaving gender-affirming care.

Since my Republican colleagues seem confused about what love, care, and protection looks like, let me be very

clear. The Protect Children's Innocence Act is not it. No one who causes or tolerates the suffering of children can claim to be their protector.

Love for our children would ensure each of them have every single thing they need to thrive assured to them.

Madam Speaker, I urge my colleagues here in the House of Representatives to vote "no." Let's build a future where our children, including our transgender little ones, are seen, are loved, and are valued.

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

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

Every major medical and mental health association in the United States of America, representing 1.3 million doctors—the American Medical Association, the American Psychological Association, and the American Psychiatric Association—all reject this legislation that is being advanced here. They all support gender-affirming care according to the most up-to-date science and medicine.

So if they are not speaking for the transgender community, which certainly they are not; if they are not speaking for all of the families and parents who are involved, which certainly they are not; if they are not speaking for the medical community and the scientific community, who indeed are they speaking for?

They describe the position that these medical associations have as satanic. I mean, are they looking for an exorcism to deal with the reality of lives for millions of people in the country?

Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. HOYLE).

Ms. HOYLE of Oregon. Madam Speaker, today, we are not voting to reduce the cost of healthcare or make groceries or housing more affordable or to take back the power of Congress from the executive branch in determining tariffs or deciding whether or not we should invade a sovereign nation.

We are voting today on inserting government into private medical decisions. To listen to my Republican colleagues, you would think there is an epidemic of children being forced into unnecessary gender-affirming care. There is not.

The epidemics killing our children are drug addiction, overdoses, gun violence, and preventable diseases like measles. Let's work on that.

Banning doctors from providing healthcare to transgender young people has serious unintended consequences. Politicians are getting in the way of doctors, who have years of training and experience and are practicing according to professional standards of care. They know what is best for their patients. This is their area of expertise, not ours.

Providing care and advice is a doctor's job. Taking care of your children

is a parent's duty. Let's keep it that way.

I am proudly voting "no." I ask my colleagues to do the same.

Mr. MOORE of Alabama. Madam Speaker, I yield 5 minutes to the gentlewoman from Georgia (Ms. GREENE).

Ms. GREENE of Georgia. Madam Speaker, this poster displayed here is the result of females having their skin and flesh stripped from their arms and their legs in order for a surgeon to create a fake penis and have it sewn on their body. These are the horrific scars and damage that these women are left with for the rest of their lives after undergoing these barbaric surgeries.

This is not something any child, any minor under the age of 18 years old, should ever undergo. This is not healthcare. This is not a parent's choice for a child. This right here is child abuse. This is child abuse. No one under the age of 18 should ever make that decision, and no doctor should ever perform a surgery like this on a child simply because they are suffering from gender dysphoria and are confused about their feelings of how they identify and how they see themselves.

This condition that so many young people are suffering with—and it has been on the rise in the past 10 years—was something that was a very small percentage. But young people today have been indoctrinated on social media. They have been indoctrinated by school counselors, teachers, and many adults, even their own parents. They are being indoctrinated to believe and take that confusion they are having just as a child, whether it is prepuberty or while they are going through puberty, to believe they want to change their gender.

Here is the real truth. God only creates two sexes and two genders, male and female, and God does not make mistakes. No child is a mistake. No feeling they have inside of themselves can change that. No barbaric surgery, no chemical-castrating drugs that are given to sex predators, can change that. No amount of hormones can change that.

The reality is that parents and adults across the country can use our God-given responsibility to protect children while they are growing up. We have laws that do that. We have laws that say they can't register to vote until they are 18 because they are not adults yet to make those kinds of adult decisions.

□ 1540

We have laws that say they can't get ink tattooed on their skin until they are of legal age, and in most States it is 17 or 18 years old. We have laws that say they can't buy nicotine or even see an R-rated movie until they are 17 years old. This isn't an argument between Democrat and Republican. This is simply common sense, and most Americans agree.

The best thing that we can do for our children across this country is to say:

You are not ready to make these decisions. Your feelings are very likely going to change.

It is proven through the statistics. The statistics show one study from a doctor in Finland who happens to be the leading expert, Dr. Kaltiala, who says that four out of five gender-questioning kids grow up—four out of five stop questioning their gender. They stop those feelings. Twelve percent of boys with gender dysphoria continue it into adulthood, only 12 percent. These are major changes.

We already have Federal laws, and that is incredibly important to recognize. The legislation that made it a Federal law against female genital mutilation, which has the same Commerce Clause in the Protect Children's Innocence Act, the bill that we are considering that I have introduced, passed by voice in 2020. That meant that no Member of this body raised up and said that we needed a recorded vote because they wanted to vote "no." It simply passed by voice.

We also have so many other laws to protect children from sexual exploitation. This is something that doesn't affect people's sexual identity. It is in no way, shape, or form insulting to anyone who identifies as gay or lesbian or bisexual. This is simply a bill that tells kids, "Hold on," tells parents, "Hold on," before they have double mastectomies, before they are castrated, and before they take drugs that are not FDA approved for the use that they are given, that are chemical castrating drugs. We have to stop.

Madam Speaker, I urge the House to vote "yes" on the Protect Children's Innocence Act.

Mr. RASKIN. Madam Speaker, we are invited to believe that the United States Congress is not only more competent to make medical decisions for America's children than their own parents, but that the United States Congress is more competent than all 50 State legislatures to run medical practices within their States.

Madam Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. SCHRIER), who is both a mom and a pediatrician.

Ms. SCHRIER. Madam Speaker, as the first and only pediatrician in Congress, I rise today to condemn the so-called Protect Children's Innocence Act.

I have served children and their families for over 20 years, and I find this piece of legislation to be dangerous and an absolute slap in the face for parents and for doctors who have dedicated their lives to caring for children and families.

This bill could put doctors behind bars for up to 10 years for providing medically appropriate care for children, and it doesn't even stop there. It could put parents behind bars for making, after deep consideration, and in many cases, anguish, the decision that they deem best for their own child.

This bill will instill fear in doctors and patients and rob parents of their

freedom to make decisions for and with their own children. Instead, it puts that power in the hands of D.C. lawmakers.

Healthcare decisions are deeply personal. The confidential relationship between a patient, their parents, and their physician is sacred. Physicians follow evidence-based guidelines and use their best clinical judgment.

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

Mr. RASKIN. Madam Speaker, I yield an additional 10 seconds to the gentlewoman from Washington.

Madam Speaker, it is outrageous for the government to commandeer those decisions.

Madam Speaker, I strongly oppose this bill, and I encourage my colleagues to all vote "no."

Mr. MOORE of Alabama. Madam Speaker, I yield 2 minutes to the gentleman from Wisconsin (Mr. GROTHMAN).

Mr. GROTHMAN. Madam Speaker, I thank my friend from Georgia for introducing this bill. It has so much common sense. It is so scary that our country has gone so far downhill that we would allow young people, sometimes as young as 14 or 13 years old, to take powerful drugs, puberty blockers, or do surgeries on them in the name of this idea that we, all of a sudden, have this epidemic of transgenderism, which is something that nobody ever miraculously seemed to know about 50 years ago.

Instead, in our society, we have all the helping professions, the guidance counselors, the psychologists, and the psychiatrists, as well as our pop culture icons from California, out there pushing our poor young people into the idea that it is cool to be transgender.

In fact, recently, it has come out that the number of kids who are transgender, and I think it is 18- or 19-year-olds, has been cut in half, which proves what anybody with common-sense knew all along: It was a cool thing created so that young people could say: Look at me. I am transgender.

The life of some of these kids is ruined. It is a testament, by the way, that this is not genetic. All you have to do, Madam Speaker, is look at the fact that these kids have to continue to take powerful drugs even after surgery. If it was a natural thing, then you wouldn't have to keep taking the drugs.

In any event, I strongly hope we take up this bill.

I should also point out that last year doing doorbells, like politicians do, I ran into two grandparents who had one granddaughter and one grandson going down this rabbit hole. I felt so sorry for them because when somebody makes this decision, it affects not only themselves, but it affects the whole family.

In any event, I am glad the bill is introduced. I hope they have the common sense in the Senate—they probably won't—to pass the bill.

Mr. RASKIN. Mr. Speaker, I yield 2 minutes to the gentlewoman from Vermont (Ms. BALINT).

Ms. BALINT. Madam Speaker, I rise today in fierce opposition to Representative GREENE's bill that would throw doctors and parents in jail for providing lifesaving medical care. Even for Republicans, this bill is extreme.

Are we really attempting to lock up parents and doctors?

Your kids' medical care is none of their damn business.

We should call their obsession with being in your kids' pediatrician's office and what treatment they are getting in a pediatrician's office what it is. It is creepy. It is a creepy obsession we have had to deal with for years.

The science is clear: Evidence-based, medically necessary care for transgender youth is safe, effective, and supported by every major medical association in the United States, including the American Medical Association and the American Academy of Pediatrics.

My Republican colleagues know this, because this intentionally discriminatory bill includes a bunch of exemptions to allow other kids to receive the exact same medical care.

I call on my colleagues to vote "no" on this truly reprehensible piece of legislation. Congress should not be making medical decisions for your kids.

For this reason, at the appropriate time, I will offer a motion to recommit this bill back to committee. If the House rules permitted, I would have offered the motion with an important amendment to this bill. My amendment would ensure that this bill does not compromise the private medical records of a minor or result in parents and doctors being thrown in jail.

Madam Speaker, I ask unanimous consent to insert the text of my 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 Vermont?

There was no objection.

Ms. BALINT. Madam Speaker, I hope my colleagues will join me in voting for the motion to recommit.

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

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

Mr. RASKIN. Madam Speaker, I yield myself the balance of my time for closing.

Madam Speaker, we obviously disagree vehemently on this bill, but this may be the last time that I get to share the floor with the distinguished gentlewoman from Georgia. I thank her for her hard work and her thoughtful comments in CNN news recently which moved me when she said: "I would like to say, humbly, I am sorry for taking part in the toxic politics. It is very bad for our country. It has been

something I thought about a lot, especially since Charlie Kirk was assassinated."

Madam Speaker, I thank the gentlewoman and wish her and her family all the best in her future.

Having said that, on the gentlewoman's bill, Madam Speaker, there are lots of people in the country who are not getting their kids vaccinated for different reasons and for different kinds of illnesses. A lot of people in the country reject that and oppose that, and perhaps the vast majority do.

Does that mean we should come forward with a bill to the United States Congress to say that we are going to put in jail any parents who don't vaccinate their children because we think they are making the wrong decision for their children?

In other words, we know better than the parents do, and we know better than the doctors do. We know better than the medical associations do, and we know better than all of the States do.

□ 1550

Madam Speaker, I think that would be an absurd abuse of our power and, as the gentleman from Texas (Mr. ROY) has been saying, a very questionable deployment of Federal power, given the fact that the United States Congress has limited powers that are supposed to deal with actual national and Federal issues, which is why medical care has always been left to the States to deal with.

This is like a bulldozer going into everybody's house if you happen to be dealing with this particular kind of medical crisis. You don't have to agree with any particular decision that any particular family or set of parents have made. All you have to do is respect their right to make decisions with and for their own children. That is all that we are talking about.

Do you know who is on this side and opposed to this legislation? Medical associations, like the American Medical Association, the American Psychiatric Association, the American Academy of Pediatrics, and the American Psychological Association, representing more than a million doctors in the country, are saying: No, don't let the politicians start finger painting all over the protocols for dealing with an actual medical problem that millions of people have had to deal with in our country.

We will stand with the families. We will stand with the doctors. We will stand with the medical associations. We will stand with the States. We have got enough real work on our hands.

Let's just try to get medical care and medical attention to the people of America. Millions of people are losing their access to health insurance and to Medicaid. Why don't we try to deal with that before we barge into the doctors' offices, and the living rooms and kitchen tables of America to try to take over what is a fundamentally private and personal decision that we

should be trusting families to make for themselves?

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

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

Madam Speaker, how about we just don't mutilate our children? I think that is a good call. This is allowing people above the age of 18 to make those decisions.

Most of us here were young people at one time or another. I can remember being in the second or third grade. There was a thing called cooties. I don't know if you all remember that, but if you hung around the girls, they would say: Oh, don't do that, you are going to get the "cooties." I don't know if you ever heard that term. It is a south Alabama thing, Madam Speaker.

By the time we were in the sixth grade, we were on the gym floor, trying to decide whether or not to ask—we didn't have the courage to ask the girls to dance.

By the time we were in the 10th or 11th grade, we were hoping they would notice us in the hall. By the time we were seniors, maybe we had the courage to ask them on a date, and maybe they said yes.

The decisions they are wanting to make, these are kids that are in the second and third grade. These are not kids that are either old enough to understand that we might be interested, we might want to go in that direction. Like Marjorie said, only 12 percent of the males who go through this actually stick with it.

It is important to us to understand that these are children, and in many cases they are being bullied by the physicians. One of the physicians at Vanderbilt said: We make a boatload of money on these procedures.

Often, I think that it is more about the children and protecting the children than driving this ideological left-wing whatever it is and the mutilation of our children.

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

The SPEAKER pro tempore. All time for debate on the bill has expired.

The Chair understands that amendment No. 1 printed in House Report 119-411 will not be offered.

Pursuant to House Resolution 953, the previous question is ordered on the bill, as amended.

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

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

MOTION TO RECOMMIT

Ms. BALINT. Madam Speaker, I have a motion to recommit at the desk.

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

The Clerk read as follows:

Ms. Balint of Vermont moves to recommit the bill H.R. 3492 to the Committee on the Judiciary.

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

Ms. Balint moves to recommit the bill H.R. 3492 to the Committee on the Judiciary with instructions to report the same back to the House forthwith, with the following amendment:

At the end of the text, add the following:

SEC. 3. EFFECTIVE DATE.

This Act, and the amendments made by this Act, shall take effect on the date on which the Comptroller General of the United States determines that this Act will not compromise the private medical records of a minor or result in the arrest or prosecution of a parent or health care provider for providing necessary health care.

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

The question is on the motion to recommit.

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

Ms. BALINT. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

RELIABLE POWER ACT

Mr. WEBER of Texas. Madam Speaker, pursuant to House Resolution 951, I call up the bill (H.R. 3616) to require the Federal Energy Regulatory Commission to review regulations that may affect the reliable operation of the bulk-power system, 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 951, the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce, printed in the bill, is adopted, and the bill, as amended, is considered read.

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

H.R. 3616

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 "Reliable Power Act".

SEC. 2. COMMISSION REVIEW AND COMMENT FOR COVERED AGENCY ACTIONS.

Section 215 of the Federal Power Act (16 U.S.C. 824o) is amended—

(1) in subsection (g)—

(A) by striking "The ERO" and inserting the following:

"(1) IN GENERAL.—The ERO"; and

(B) by adding at the end the following:

"(2) ANNUAL LONG-TERM ASSESSMENT.—The assessments under paragraph (1) shall include an annual long-term assessment, which shall include—

"(A) an analysis of the ability of the bulk-power system to supply sufficient electric energy necessary to maintain an adequate level of reliability, taking into account generation resource mix, transmission development, and electric energy demand trends;

"(B) an analysis of the risk of future electric energy supply shortfalls under normal and ex-

treme weather conditions, and the risk of any such shortfalls within each region of the bulk-power system; and

"(C) a determination of whether additional generation resources are necessary to supply sufficient electric energy to maintain an adequate level of reliability during the assessment period.

"(3) NOTICE OF GENERATION INADEQUACY.—In conducting a long-term assessment under paragraph (2), if the ERO finds that the bulk-power system is at risk of not having adequate generation resources to supply sufficient electric energy to maintain an adequate level of reliability, the ERO shall publicly notify the Commission that the bulk-power system is in a state of generation inadequacy.

"(4) DATA COLLECTION.—To conduct a long-term assessment under paragraph (2), the ERO may collect information and data from users, owners, and operators of the bulk-power system."

(2) by redesignating subsections (h) through (k) as subsections (i) through (l), respectively; and

(3) by inserting after subsection (g) the following:

"(h) COMMISSION REVIEW AND COMMENT FOR COVERED AGENCY ACTIONS.—

"(1) NOTICE TO FEDERAL AGENCIES.—If the ERO notifies the Commission under subsection (g)(3) that the bulk-power system is in a state of generation inadequacy, the Commission shall promptly notify the Department of Energy, the Environmental Protection Agency, and any other Federal agency the Commission determines appropriate of such state of generation inadequacy.

"(2) SUBMISSION.—Upon receiving notice under paragraph (1), the head of each Federal agency that received such notice shall provide to the Commission for review and comment any covered agency action by the Federal agency—

"(A) on the first date on which such covered agency action is provided to the Office of Management and Budget or any other Federal agency for review and comment; or

"(B) if such covered agency action is not provided to the Office of Management and Budget or any other Federal agency for review and comment, not later than 90 days before the date on which the covered agency action is published in the Federal Register or is otherwise made available for public inspection or comment.

"(3) COMMISSION COMMENTS.—The Commission, in consultation with the ERO and transmission organizations, shall, by order, provide to the agency head that provided to the Commission a covered agency action under paragraph (2)—

"(A) comments on such covered agency action, which such comments may include an assessment of the effect of the covered agency action on rates, terms, and conditions for services pursuant to the authority of the Commission under sections 201 and 206; and

"(B) if applicable, recommendations for modifications to the covered agency action to prevent a significant negative impact on the ability of the bulk-power system to supply sufficient electric energy necessary to maintain an adequate level of reliability.

"(4) AGENCY RESPONSE.—The head of a Federal agency may not finalize a covered agency action that is provided to the Commission under paragraph (2) until—

"(A) the agency head responds in writing to the Commission with an explanation of how the agency head modified, or why the agency head determined not to modify, such covered agency action in response to any comments and recommendations provided by the Commission under paragraph (3); and

"(B) the Commission finds that the covered agency action will not be likely to have a significant negative impact on the ability of the bulk-power system to supply sufficient electric energy necessary to maintain an adequate level of reliability.

"(5) PUBLIC AVAILABILITY OF COMMENTS AND RESPONSES.—An agency head shall include any comments, recommendations, and responses for the covered agency action when—

"(A) submitting the covered agency action to the Federal Register for publication; or

"(B) otherwise making the covered agency action available for public inspection or comment.

"(6) DEFINITIONS.—In this subsection:

"(A) COVERED AGENCY ACTION.—The term 'covered agency action' means a regulation that—

"(i) relates to, or otherwise directly affects, any generation resource in the bulk-power system; and

"(ii) is under development to be proposed or otherwise under consideration in a rulemaking prior to finalization on the date on which the Federal agency receives notice from the Commission under paragraph (1).

"(B) FEDERAL AGENCY.—The term 'Federal agency' means an Executive department (as that term is defined in section 101 of title 5, United States Code) or any other Executive agency that is in the President's cabinet."

The SPEAKER pro tempore. The bill, as amended, 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 Texas (Mr. WEBER) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Texas (Mr. WEBER).

□ 1600

GENERAL LEAVE

Mr. WEBER of Texas. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 3616.

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

There was no objection.

Mr. WEBER of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 3616, the Reliable Power Act, sponsored by my colleague from Ohio's 12th Congressional District, Mr. TROY BALDERSON.

Put simply, this bill protects reliability that is critical to the economy as well as public health.

The bill protects the public from future Federal rules that would force the premature retirement of power generation that is absolutely essential to keeping our grid reliable.

Madam Speaker, our Nation today is confronting a reliability crisis. The North American Electric Reliability Corporation, which is the Nation's electric reliability organization, shows vast regions of our Nation are at risk for blackouts when weather events and peak demand collide. It is only going to get worse.

The Energy and Commerce Committee has repeatedly heard from grid authorities about the massive number of premature retirements of baseload power in our very own electric system.