Del Rio with reports on the ground describing horrific conditions in their makeshift camp as two women reportedly gave birth—including one who later tested positive for COVID–19.

This crisis is one of the worst in history. It is time to finish the wall, end catch and release, and secure our border.

□ 0915

THE RIGHT TO ABORTION IS UNDER ATTACK

(Ms. BONAMICI asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. BONAMICI. Madam Speaker, I rise in strong support of the Women's Health Protection Act because the right to abortion, a right grounded in privacy, is under attack.

When people have the freedom to make their own personal decisions about whether and when to become a parent, they are more likely to attain their educational goals, maintain job mobility, achieve economic security. But unfortunately, politicians in many States, and in this very body, want to invade privacy and deny autonomy.

We cannot take the right to choose for granted. I urge passage of this vital legislation because we refuse to be dragged back to the dangerous days before Roe v. Wade. I urge everyone to support the Women's Health Protection Act.

EFFORTS TO REMOVE PRO-LIFE PROTECTIONS

(Mr. BERGMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BERGMAN. Madam Speaker, I rise today in intensely strong opposition to efforts to remove longstanding pro-life protections and potentially even the ban on taxpayer funding for abortions as evidenced by the bill Democrats want us to pass in a few hours.

With a single move, this legislation would eliminate 40 years of bipartisan consensus in Washington in State capitals across the country to protect the health of pregnant women and the unborn.

In addition to allowing elective late-term abortions and hampering access to proper care at abortion clinics in the case of emergencies, this bill would preempt any State laws that prevent sex-based or disability status-based abortion decisions. Medical professionals could also be forced to conduct abortions, despite moral objections.

Our Nation faces a host of crises, most of which are self-inflicted. I implore my colleagues to reject this bill and get back to the people's work.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore (Ms. SPEIER) laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, September 24, 2021.

Hon. NANCY PELOSI,
Speaker, House of Representatives, Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on September 24, 2021, at 8:17 a.m.:

That the Senate agreed to Relative to the death of Robert Britton ''Bob'' Dove, Parliamentarian Emeritus of the United States Senate S. Res. 386.

That the Senate passed without amendment H.R. 5293.

That the Senate agreed to without amendment H. Con. Res. 41.

With best wishes, I am,

Sincerely,

KEVIN F. MCCUMBER,
Deputy Clerk.

WOMEN'S HEALTH PROTECTION ACT OF 2021

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 667, I call up the bill (H.R. 3755) to protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 677, the amendment printed in part A of House Report 117–125 shall be considered as adopted.

The bill, as amended, is considered read.

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

H.R. 3755

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Women's Health Protection Act of 2021''.

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 nonfrivolous 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. The bill, as amended, shall be debatable for one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3755.

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

There was no objection.

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

Madam Speaker, I rise today in strong support of H.R. 3755, the Women's Health Protection Act of 2021. The need to pass this legislation grows more urgent every day as anti-abortion extremists continue to pass harmful State laws that are intended to restrict access to reproductive healthcare and turn back the clock on the constitutionally protected right to abortion.

While the courts seem willing to chip away at decades of clear precedent guaranteeing the right for women to make their own healthcare decisions, it is vital we act to protect this right and enshrine it in Federal law.

This legislation simply ensures that no matter where they live, patients can access abortion services, and healthcare providers can provide this care without medically unnecessary and burdensome restrictions. And now is the time to pass this legislation and ensure women's healthcare rights are enshrined in Federal law.

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

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE), the ranking member on the Health Subcommittee.

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

The other night we were having a hearing in Energy and Commerce. It was on a similar—a different bill, but a similar topic. And a lot of the rhetoric coming from the other side and, specifically, I remember is that the baby is nothing more than a uterus or an ovary. It was just kind of all of the same thing.

And it reminded me back when I was—when we had our first child, our now 28-year old, mother of our grandchild, when she was 12 weeks we had to have a sonogram because we thought there might be some issues. And she was about the size of the end of my thumb. And when we got the 28-year-old technology, she was sucking her thumb. The lady said, oh, look, he or she is sucking her thumb. Now we know it was a her; we didn't know at the time.

It is a distinct individual. Now, I will accede that it 100 percent depends on its mother for life, but it is distinct and separate from its mom. Her heart was beating.

Moving forward, let me just talk about how extreme this bill is. It allows abortion at any time if the unborn child was diagnosed with anything such as Down syndrome. It allows abortion at any time solely based on the baby's biological sex. It allows abortion to occur at any time point, including when a baby can feel pain, as well as when a heartbeat can be detected.

So this is an extreme bill before us today. And before we vote on this, I would like to let my colleagues know that a majority of Americans do not support abortions with no limits. In fact, 80 percent of Americans say abortion should be illegal in the third trimester.

This does not prevent States from making abortions legal in the third trimester.

I strongly urge my colleagues to oppose this bill. It is a separate and distinct life.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. ESHOO), the chairwoman of our Health Subcommittee.

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

Nearly 50 years ago, the Supreme Court affirmed the right of every woman to make decisions about her own life, her own body, her own future.

Now that right is under horrible threat by a shameful and unconstitutional law in Texas that bans abortion after 6 weeks of pregnancy, before many women even know they are pregnant. That is a law in defiance of the Federal law. It turns private citizens into snitches to turn women in. That is reminiscent of the Third Reich. And if that sounds staggering, it is because it is.

Every day, women in our country face deeply personal decisions of whether to continue their pregnancies. They should be able to make their own decisions, free from politicians' interference.

The Women's Health Protection Act is exactly that. It protects women. It ensures that every woman has equal access to comprehensive reproductive healthcare. I urge all of my colleagues to support this legislation.

Mrs. RODGERS of Washington. Madam Speaker, I am pleased to yield 2 minutes to the gentlewoman from Indiana (Mrs. WALORSKI).

Mrs. WALORSKI. Madam Speaker, I thank my friend for yielding.

In America, the condition of a child's birth doesn't determine the outcome of their life, for every single person, born or unborn, should have the opportunity to live the American Dream.

But this abortion on demand bill would destroy our country's future. Today, we are embarking on the biggest step backward in our Nation's history. This vote could be the most consequential vote that any of us take.

Today, the science is even more clear than it was in 1973, that a child in the womb is a living person. And yet, my colleagues on the other side remain obsessed with killing unborn babies in the name of female empowerment.

Many supporters of this bill, like me, call us pro-life Americans extreme. I have heard it already this morning.

But I have seen extreme. I have witnessed the cruelty of abortion and it is ugly.

In South Bend, Indiana, Dr. Ulrich Klopfer provided abortions for decades. When he died in 2019, his family found the medically preserved remains of 2,411 children hidden in his garage. That is 2,411 human babies preserved in formaldehyde in jars in his garage. It was national news for a week. This abortionist left a legacy of death and destruction. That is what extreme looks like.

Abortions sold as healthcare is a sickening violation of human dignity that Americans should not and cannot tolerate.

So I will ask this question: Will we allow this to happen again?

As a nation, we have an obligation to future generations to reject abortion on demand and to fight for life. I implore my colleagues here today, join me in opposing this bill and standing for life.

The truth is on our side, and, in the end, the truth is going to prevail.

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentlewoman from Connecticut (Ms. DELAURO), the chairwoman of the Appropriations Committee.

Ms. DELAURO. Madam Speaker, let me be clear. Everyone everywhere should have the freedom to make their own personal healthcare decisions without interference from politicians.

When the Supreme Court allowed the most restrictive abortion law in the nation to go into effect in Texas, they made it clear that they cannot be trusted to protect the constitutional right to an abortion. That is why the Congress must act as other States are moving to follow suit.

That is why Democrats are fighting to protect a woman's right to choose. That is why we have removed the restrictive Hyde language from all of our appropriations bills.

It is time to trust women, to respect their decisions. Healthcare is not political, not negotiable.

Mrs. RODGERS of Washington. Madam Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS), ranking member of a subcommittee on Energy and Commerce.

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

I have worked in Congress to promote a culture of life and remain supportive of measures that respect the sanctity of human life by encouraging alternatives to abortion, including counseling and pregnancy centers for women.

By contrast, the abortion on demand until birth act attempts to override past and future pro-life laws at the Federal and State levels. This will allow abortions based on Down syndrome diagnosis, sex of the baby, and even dismemberment abortions. Simply put, this bill's goal is to promote abortion anywhere, anytime, from conception to birth.

Madam Speaker, our Nation should be investing in women's healthcare and the healthcare of unborn babies. This bill does the opposite. I urge my colleagues to oppose it.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. JEFFRIES), the chairman of the Democratic Caucus.

Mr. JEFFRIES. Madam Speaker, I thank the distinguished chair for yielding and for his leadership in advancing this incredibly important issue.

America is the land of the free and the home of the brave, but we cannot truly be a free country unless women have the freedom to make their own healthcare decisions. The radical right's effort to take away that freedom, all across country, is unacceptable, unthinkable, untenable, unconscionable, and un-American. We are going to make it unlawful.

We are going to pass the Women's Healthcare Protection Act, and we are going to protect and respect a woman's freedom to make her own healthcare decisions.

□ 0930

Mrs. RODGERS of Washington. Madam Speaker, I yield 1 minute to the gentlewoman from Missouri (Mrs. HARTZLER), who has fought for life so long.

Mrs. HARTZLER. Madam Speaker, as a woman, as a mom, as a former teacher who worked with hundreds of teenagers and who loves each and every one of them, I rise in opposition to this bill, which isn't about freedom for women; it is about death for babies.

We are faced with multiple questions today.

Is it okay to coerce a woman to have an abortion?

Is it okay to send a 13-year-old girl home to perform a do-it-yourself abortion on herself without medical supervision? Is it okay for her to have this abortion without her parents even knowing?

Is it okay to take the life of a baby just because it has Down syndrome?

Is it okay to take the life of a baby just because it is a girl?

Is it okay? It is not okay. The answer to all of these things should be no.

Yet, this bill eliminates protections for women and girls facing coercion, neglect, and discrimination. It endangers their health, and it ends the life of a living human being with a plan and a purpose from God and who deserves to live.

We are here to defend the basic right to life, and I plead with my colleagues to vote ''no.''

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. PELOSI), the Speaker of the House of Representatives.

Ms. PELOSI. Madam Speaker, I thank the gentleman for yielding and thank him for his leadership on this very important issue and to all of our colleagues in this pro-choice House Democratic Caucus. This is the first time, Madam Speaker, that we have had a pro-choice Democratic Caucus with a Democratic President, and the timing could not be better because of the assault that has been made on the constitutional rights of women in our country.

Madam Speaker, coming to the floor today, I recall an experience from when I was in high school. Now, that was a long time ago. We were in a debate, a contemporaneous debate situation, and you were to pick something out of a hat and then speak to it.

Well, a person, a friend of mine, drew the question, and it said—now, again, ancient history, a long time ago. It said: ''Do women think?'' That was the question that she had to speak to: ''Do women think?'' It seemed horrible at the time. It seems out of the question, beyond horrible now.

Today, years later, it seems that there are some who want to debate that question because the disrespect for women and their ability to determine the size and timing of their family, and so many other things, is disrespected in the action taken by the State of Texas.

But even worse than that—because what do you expect? Worse than that was the decision of this Court, the Supreme Court of the United States, to embrace the horror of it all, in terms of the legislation and what it did to remove the sanctity of private decision-making from women, but also that it gave an imprimatur to vigilantism, something so outrageous, so unpatriotic, so un-American, madly embraced by this shameful Court, with total disregard for stare decisis, the precedent that the Court had already established, that Roe v. Wade was constitutional.

Today, I want to thank JUDY CHU for her leadership, Congress in, Congress out, but now we have the majority and a President and a Democratic Senate. I thank her for her leadership in introducing this again and again.

In advocating the Women's Health Protection Act, we are standing on the side of women to defend their freedoms and to uphold this truth: Every woman everywhere has the constitutional right to basic reproductive healthcare, no matter what State you live in. Constitutional rights are not meted out geographically. They are for the country.

Again, I salute Congresswoman CHU, chair of the Contraception and Family Planning Task Force of the Pro-Choice Caucus, who has been introducing this bill over and over again.

Again, we have produced legislation that can become law. For years, radical restrictions on women's reproductive health freedoms have been pushed across the Nation, with 2021 on track to be the worst legislative year for women's health rights.

I come to this as a Catholic and a mother of five, in 6 years and 1 week, and with the joy that all of that meant to us but with the recognition that it was my husband and I—it was our decision. And we should not, in this body or in that Court, be making decisions for the women in America.

As of July, 90 reproductive health restrictions have been enacted, more than in any year since Roe v. Wade was enacted in 1973.

But here is the thing. It is important for the women of America to know that, as this impedes their right to make decisions, the same forces at work don't want in vitro fertilization—actually, even the State of Mississippi rejected that, their prohibition on that—and stand in the way of reproductive health and guidance, in terms of family planning, birth control, and the rest. It is important for American women to know what we are up against when it comes to intrusion into the privacy of a family's life.

You would think that since they are so averse to governance in any way, they wouldn't be so bullish about going

into people's private lives in the way that they do.

What the Supreme Court did was cowardly, a cowardly, dark-of-night decision to allow that bill to go into effect. How could it be? Because it was a decision. The Court made a decision.

But the Republicans in Congress and the then-President made a decision, in a way that was almost shameful, to make sure that so many Justices on the Court—I say shameful because the last one, which they railroaded through, while opposing the review of a Democratic President's suggestion a few years earlier, saying they didn't have enough time, a year. They had enough time, a month.

I just want to say this about Roe. In Roe, the Supreme Court held that personal liberty is protected by the Constitution, which the Court had recognized as extending to decisions relating to marriage, procreation, contraception, family relations, and childrearing, and it is broad enough to encompass a woman's decision whether or not to terminate her pregnancy.

S.B. 8 is an extreme ban on abortion for most women before they even know. Sometimes I wonder if they don't need a lesson in the birds and the bees, but, again, I just want to go to this point. S.B. 8 unleashes one of the most disturbing, unprecedented, far-reaching assaults on healthcare providers and on anyone who helps a woman in any way access an abortion by creating a vigilante bounty system that will have a chilling effect on the provisions of any healthcare services.

What is next? What is next with these vigilantes and their bounty system?

I associate myself with my colleagues' remarks on all of this because they bring so much knowledge of the Constitution, knowledge of the history since 1973 and even studying it before. DIANA DEGETTE, one of the co-chairs of the caucus, fought this issue in the courts and won, fought it in the court of public opinion, and fought it in the Congress of the United States. She, BARBARA LEE, and, of course, JUDY CHU, so many of our women have taken the lead on this.

But, again, although we are about a third of our Caucus—more than a third of our Caucus are women—our male colleagues have been very strong on this as well. Therefore, we will have today a vote for women, a vote for respect for women, a vote for decency, a vote for pride in our Constitution and in our women.

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

Madam Speaker, I rise today praying that this House will be defenders of truth, humility, and justice.

I rise today in strong opposition to H.R. 3755. The abortion on demand until birth act is extreme. Abortion for any reason, at any stage of pregnancy, until birth, is not the will of the American people.

I spoke with a pediatric cardiologist just this week who shared with me what is possible today. It is just amazing, because of technology, what is possible.

We all know that we can look into the womb and see the development of the baby day by day, week by week. This cardiologist told me that, today, doctors perform prenatal surgeries and treatments to save lives. He said doctors can perform surgeries on 20 different organs. That wasn't possible in 1973 when Roe v. Wade was decided. In fact, the first successful fetal surgery wasn't until 1982, many decades later.

Look how far we have come. Science has evolved. It is my hope that we will learn from this and come to reject abortion because it is inhumane; it is not following the science; and it doesn't reflect the latest research or modern medicine.

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

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

For me, personally, I have never had an abortion, but I gave thoughts in my younger years as to what I would do if I found myself pregnant and alone. It would have been a desperate situation. I can imagine abortion seeming like an easy solution. It breaks my heart, though, to think that anyone would consider abortion as their only option or the best option.

Growing up, I was not much of a baby person. I was 35 and single when I was elected to Congress, and I didn't even know if being a mom was part of my future. Today, I can testify that bringing a new life into the world is the most amazing thing ever. It is the best part of life.

We have two daughters and a son, Cole, Grace, and Brynn. Cole, now 14, was born with the most common chromosomal abnormality. It is called Down syndrome. When he was born, the doctors gave us a long list of challenges and chances for heartache.

I understand the uncertainty. I understand the fear. But I couldn't imagine my life without Cole. His life is worth living.

Yet, in this debate, Down syndrome has been at the forefront. Just yesterday, a woman named Heidi with Down syndrome lost her court challenge against the British Government over its law allowing abortion up until birth for babies with Down syndrome.

This cannot become America's future, where we cherish life, liberty, and the pursuit of happiness for all.

Like in the U.K., the bill before us is discriminatory. It allows for abortions based on a baby's sex, race, or disability.

It would override counseling requirements that protect women from coercion from people who have abused them. It would prohibit laws designed to protect against sex trafficking and the exploitation of young girls and women. It would weaken protections for medical professionals who have religious objections to abortion.

Despite what the majority says, this bill does not codify Roe v. Wade. This is radical.

□ 0945

Under this bill, viability is whatever the abortionist deems it to be.

I urge all of my colleagues today to stop the abortion on demand until birth act.

Open your minds to science, technology. Look and see the mysteries of the mother's womb. Open your ears to the cries of the unborn.

May hearts break and may we celebrate life. Let's uphold the value, the dignity, and the potential of every life.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentleman from New York (Mr. NADLER), the chairman of the Judiciary Committee.

Mr. NADLER. Madam Speaker, I include in the RECORD a letter from The Leadership Conference on Civil and Human Rights and 60 other civil rights organizations in support of the Women's Health Protection Act.

THE LEADERSHIP CONFERENCE
ON CIVIL AND HUMAN RIGHTS,
Washington, DC, September 23, 2021.

SUPPORT THE WOMEN'S HEALTH PROTECTION ACT OF 2021

DEAR REPRESENTATIVE: The Leadership Conference on Civil and Human Rights, and the 60 undersigned organizations dedicated to protecting and advancing the civil rights, health, and economic security of all persons in the United States write in support of the Women's Health Protection Act of 2021 (H.R. 3755). We urge all members to vote yes on the bill when it reaches the floor.

By protecting abortion access from medically unnecessary restrictions that obstruct the right of all persons to obtain safe, legal abortion services, the Women's Health Protection Act (WHPA) seeks to remedy and prevent the onslaught of state-level abortion bans and restrictions that cause significant and sometimes insurmountable challenges to receiving abortion care. These challenges disproportionately impact the ability of low-income women and women of color to access health care, robs individuals of bodily autonomy, and threatens the economic security of families and individuals, many of whom are already struggling to get by.

This issue is one of grave urgency. Just this month, five Supreme Court justices denied an emergency request to block Texas S.B. 8, a radical six-week abortion ban. Immediate Congressional action is imperative for the future of abortion rights in the United States. We are deeply concerned about the threat of copycat bills appearing in states across the country.

Indeed, abortion rights and access have been steadily under attack. Despite large public support for access to abortion, state lawmakers enacted more than 90 restrictions on abortion this year, including 11 bans—two of which are near-total abortion bans. States have also continued to enact or introduce legislation that restricts access to medication abortion, imposes medically unnecessary restrictions on abortion clinics, or singles out abortion providers for burdensome

restrictions not applied to other healthcare providers. Today, nearly 90 percent of American counties have no abortion provider, forcing people to incur onerous costs to travel long distances for care, or pushing care entirely out of reach.

These laws are not only a threat to the constitutional right to abortion recognized in Roe v. Wade, but they are a threat to the economic security, health, and dignity of low-income people, women of color, immigrants, LGBTQ people, and others who—because of a history of structural inequality and discrimination—already have difficulty accessing reproductive healthcare services. Restrictions that force patients to undergo unnecessary tests or procedures, force providers to communicate confusing and medically inaccurate information, or force individuals to make multiple clinic visits drive up individual costs, which can delay abortion access and aggravate economic and health disparities felt by women of color, low-income people, immigrants, LGBTQ people, and other marginalized or multi-marginalized groups.

Restrictive abortion laws that contribute to clinic closures and abortion deserts also increase the cost of obtaining abortion, and Black women are impacted by clinic closures to a greater degree than other groups. Systemic inequality brought on by past and present policies that target and oppress Black people—including the legacy of slavery, mass incarceration, segregation, voter suppression, and exploitative financial practices, such as redlining—have led to concentrated and intergenerational poverty within the Black community. As a result, Black women have diminished access to networks and resources to overcome financial obstacles to accessing care. In the context of clinic closures or abortion deserts, this can mean a de facto ban on abortion. Black women are half as likely to be able to travel 25 to 50 miles for abortion care than White women, who tend to have more financial resources, information, and social networks that allow them to travel.

Restricting access to abortion also threatens to undermine the ability of poorer people and people of color to achieve economic security. People of color and women are disproportionately represented in low-wage jobs, and women of color continue to endure discriminatory wage gaps. Black women, for example, are typically paid just 63 cents for every dollar paid to a White man. American Indian and Native Alaskan women are paid only 60 cents, Latina women are paid only 55 cents, and some Asian American and Pacific Islander women are paid as low as 50 cents for every dollar paid to a White man. Restrictions on accessing abortion, in addition to public funding bans, mean that low-income people and many women of color have to choose between paying their rent, purchasing food, or paying for other basic necessities, and receiving abortion care.

Studies also show that women who are denied abortion care face more economic hardship and risks to their health and safety than women who sought and received abortions. Women denied abortion care are more likely to experience poor health outcomes, including maternal death, as compared to women who received abortions, a trend that is particularly concerning for Black women who are up to four times more likely to experience pregnancy-related death than White women. Women who are denied an abortion and forced to bear a child are also four times more likely to fall into poverty. Conversely, abortion access has been shown to increase women's participation in the workforce, particularly for Black women, and has led to gains in educational attainment.

Every person deserves to have the ability to make the healthcare decisions that are right for them, and every person must be able to make their own decisions about having children, free from government interference and discrimination. Laws that restrict access to abortion cause the most harm to those who, because of structural racism and existing inequities, already have limited access to resources, are already struggling to achieve economic security, and who already face sometimes life-threatening health disparities. At the most basic level, restrictive abortion laws are aimed at controlling who can exercise their constitutional rights and who can claim agency over their bodies. As such, these laws are an affront to human dignity that perpetuate systems of oppression that prevent the full enjoyment of civil and human rights. The Women's Health Protection Act is an important step in ending these harmful laws and promoting the health, economic security, and well-being of those whom we have forced through law and policy to live at the margins.

Thank you for your consideration of our views.

Sincerely,

The Leadership Conference on Civil and Human Rights; ADL (Anti-Defamation League); American Association of University Women (AAUW); American Atheists; American Federation of Teachers; American Humanist Association; Americans for Democratic Action (ADA); Americans United for Separation of Church and State; Asian American Legal Defense and Education Fund (AALDEF); Autistic Self Advocacy Network; Black Women's Health Imperative; Center for Law and Social Policy (CLASP); Christian Methodist Episcopal Church; Clearinghouse on Women's Issues; Demand Justice; Equal Rights Advocates; Equality California; Feminist Majority Foundation; Fix Our Senate; Freedom From Religion Foundation.

Girls Inc.; Global Project Against Hate and Extremism; Hispanic Federation; Human Rights Campaign; Impact Fund; Indivisible; Jacobs Institute of Women's Health; Jewish Council for Public Affairs; Justice for Migrant Women; Lake Research Partners; Lambda Legal; LatinoJustice PRLDEF; Lawyers' Committee for Civil Rights Under Law; Matthew Shepard Foundation; NAACP Legal Defense and Educational Fund, Inc. (LDF); NARAL Pro-Choice America; National Action Network; National Association of Social Workers; NASW Virginia/Metro DC Chapters; National Center for Transgender Equality.

National Council of Jewish Women; National Health Law Program; National LGBTQ Task Force Action Fund; National Organization for Women; National Partnership for Women & Families; National Urban League; National Women's Law Center; People For the American Way; Planned Parenthood Federation of America; Population Connection Action Fund; Public Citizen; Restaurant Opportunities Centers United; Rise Up America; SEIU; The Workers Circle; Union for Reform Judaism; Voices for Progress; Voto Latino; Women Lawyers On Guard Action Network, Inc., YWCA Berkeley/Oakland; YWCA USA.

Mr. NADLER. Madam Speaker, in 1970 I watched the New York State Assembly pass one of the first State laws legalizing abortion. If you had told me then that 51 years later, I would be standing on the House floor still fighting for women to have the right to make their own decisions about their own lives, their own health, and their own families, I would have called you crazy.

We must pass this bill today to end this decades-long war on abortion and women's underlying freedom to control their own lives. I urge all my colleagues to stand up for freedom, stand up for abortion, stand up for bodily integrity and vote ''yes'' on this bill.

Mrs. RODGERS of Washington. Madam Speaker, I yield 1 minute to the gentleman from Indiana (Mr. BUCSHON), a member of the Energy and Commerce Committee.

Mr. BUCSHON. Madam Speaker, the archbishop of San Francisco said, ''This proposed legislation is nothing short of child sacrifice.''

The inappropriately named Women's Health Protection Act of 2021 would codify the ability to obtain abortions for any reason at any point in pregnancy. This bill would also preempt and repeal State laws that require informed consent, ultrasounds, or other testing and counseling before undertaking an elective abortion.

As a practicing heart surgeon for 15 years prior to coming to Congress, I operated on children as young as 23 weeks gestation, late second trimester. In fact, the smallest baby I operated on weighed only 650 grams, which is about 1.4 pounds.

I spent my career in medicine caring for patients regardless of their situation, so I take access to healthcare very seriously. I can assure you that my tiny patients were people.

I find it troubling that those on the other side, most of whom have never spent a day taking care of patients, continue to mislead the American people about what constitutes healthcare.

The archbishop also said, ''A child is not an object to be thrown away.'' Vote against this bill.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Massachusetts (Ms. CLARK), the Assistant Speaker.

Ms. CLARK of Massachusetts. Madam Speaker, it is the Constitution that says women have the right to make their own decisions regarding their bodies. It is the Constitution that gives people the right to make a decision about abortion with their families, their doctor, and in accordance with their faith.

But for over 50 years this right has been under attack. And today we say there is no room in that decision for politicians, there is no room for bounty hunters. This decision resides with people, with women.

Today, we will pass the Women's Health Protection Act, and we will say clearly: This right is now enshrined in law, and we are not going back.

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentlewoman from North Carolina (Ms. FOXX), a classmate and a champion for life.

Ms. FOXX. Madam Speaker, I rise in strong opposition to H.R. 3755, the so-called Women's Health Protection Act. This should be called the destruction of unborn babies at any stage of development act.

The principles of life, liberty, and the pursuit of happiness are America's

foundation. Without question, life is the fundamental component to both liberty and the pursuit of happiness.

The American people understand the importance of protecting life. An AP Poll shows that 54 percent of Americans believe abortions should be illegal in the third trimester. Another 26 percent believe it should be illegal in most cases in the third trimester. What is more, 65 percent of Americans believe abortion without restriction should be illegal during the second trimester as well.

But this latest Democrat scheme would go against the wishes of the American people and make abortion on demand for any reason legal until the time of birth.

It is clear to see that the so-called Women's Health Protection Act is not about protecting the lives of unborn female babies. It is about handing the anti-unborn baby industry a victory it has sought for many years.

I oppose H.R. 3755, and I urge my colleagues to do the same. We are a country that up until now has valued life, and the majority of Americans still value life, especially the lives of unborn children.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. CHU), the prime sponsor of this legislation.

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

For decades, Roe v. Wade has guaranteed everyone the freedom to access safe abortion care regardless of background. And for decades anti-abortion extremists have been devising new ways to put that right out of reach. That has left many, mainly low-income people of color, to fear that every new anti-choice law could be the one that finally puts abortion access out of reach for them or their daughters.

Well, it is time to put a stop to these attacks once and for all. With today's historic vote, we are ensuring that access to abortion care is a right, from Texas to California.

This bill respects our right and the freedom to make our own choices about our bodies, and it leaves those decisions up to us and our doctors. It is time to take control of our bodies out of the hands of extreme rightwing politicians. It is time to pass the Women's Health Protection Act.

Mrs. RODGERS of Washington. Madam Speaker, I yield 1½ minutes to the gentleman from Michigan (Mr. WALBERG), a colleague from the Energy and Commerce Committee.

Mr. WALBERG. Madam Speaker, I rise in strong opposition to the bill, and with great compassion for the women being lied to by the deceptively named Women's Health Protection Act.

Madam Speaker, let's be clear, this bill is not about healthcare. It is an extreme bill that would impose abortion on demand nationwide up until birth and override commonsense pro-life laws at the State level, laws like those intended to prevent abortion discrimination based upon a child's sex or based on whether the child has Down syndrome, laws that provide parental notification for minor girls, informed consent for patients, and health and safety protections specific to abortion facilities. All would be banned under this bill.

The bill before us would ban virtually all conscience protections for medical personnel and enable the use of taxpayer money to fund abortion procedures, violating sincerely held beliefs of millions of Americans on the sanctity of human life.

The abortion on demand act ignores the humanity of the baby and the health of the mother. It ignores the reality that life is sacred. It is a precious, God-given gift that must be cherished and protected.

While it is comforting to know that God is loving, He is also just. We destroy innocent life at our own peril. What God condemns, we must not condone. May God heal our land.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Colorado (Ms. DEGETTE), the chairwoman of our Oversight and Investigations Subcommittee.

Ms. DEGETTE. Madam Speaker, what we are seeing in Texas, Mississippi, and elsewhere is an unprecedented attack on Americans' right to abortion care. It is a systemic effort by politicians who want to roll back the clock on women's healthcare freedom in this country.

To those who continue to rehash the same outdated arguments that would put their own personal beliefs on millions of women, and they say it is somehow good for America, I say, save your breath. It is not.

And for these overheated claims that are being made today on this floor and the rhetoric, I say that is simply not the case.

Madam Speaker, let me suggest a different paradigm that protects the full range of women's healthcare freedom in this country. I will decide what happens to my body, and you decide what happens to yours. I will decide what is best for my health and my life, and you decide what is best for yours.

What is at stake in this fight is not some frivolous benefit. It is the fundamental right of women across the country to decide. Vote ''yes'' on this important bill.

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. HARSHBARGER), a champion for life.

Mrs. HARSHBARGER. Madam Speaker, I rise today to oppose the unconscionable abortion on demand until birth act.

As a mother and a grandmother of two precious grandsons, I am sickened by the attempt to allow abortions on demand until birth.

As a pharmacist, I have seen countless women who struggle with infertility issues. All they ever wanted was to be able to give birth and to have and to hold those precious children of their own.

Contrast this with what is happening today.

My colleagues across the aisle, many of them are women. They are trying to make it easier to abort for reasons like bad timing or inconvenience. Under this law, every State will be a late-term abortion State, where abortions can be performed until birth for any reason with no accountability or protections for women.

This is heartbreaking to me, and it is heartbreaking to all of the women I have helped overcome fertility issues over the years.

I have talked to many women who have had abortions. Most of them think about that baby they aborted every day. What would their baby look like? What would their baby have grown up to be? Whom would they have married? How many children would they have had? How could that unborn baby have affected our country or our world?

There is such a sorrow that follows these women post-abortion. I want those women who have had abortions to know this: Nothing is wasted, and there is forgiveness from a loving God.

They can make a difference today, even now, by praying. I will continue to advocate on behalf of the right to life. I believe it is a moral and a God-given responsibility that we protect these treasured trusts from Heaven.

I urge my colleagues to join me in voting ''no'' on this unmerciful and unthinkable bill. The sanctity of human life depends on it.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY), who chairs our Consumer Protection and Commerce Subcommittee.

Ms. SCHAKOWSKY. Madam Speaker, I rise in strong support of the Women's Health Protection Act that will end the horrifying State-level attacks on abortion access. The Texas law would encourage vigilantism and criminalizes anyone who would even help someone to get an abortion. But Texas is not alone.

Abortion is healthcare. This is a pro-choice country, a pro-choice nation. Women can make the decision to have a child or not have a child. It is about bodily autonomy.

I want to be very clear; Roe v. Wade was not the beginning of women having abortions. It was the end of women dying from abortions.

Madam Speaker, I urge my colleagues to vote in favor of this legislation and to say ''no'' to harming women.

Mrs. RODGERS of Washington. Madam Speaker, I yield 1 minute to the gentleman from Indiana (Mr. PENCE), a champion for life.

Mr. PENCE. Madam Speaker, one word. Heartbreaking. This legislation my Democrat colleagues are trying to enact is just plain old heartbreaking.

History will not look kindly on this abortion on demand legislation.

Let me be clear. This is not about healthcare. This goes far beyond the guise of healthcare. This, in fact, is infanticide. A society is judged by how they treat the most vulnerable among us by God, and God will judge us.

□ 1000

That is why we must always stand for life, both the born and, of course, today we are talking about the unborn.

As a father of four, a grandfather of eight with one on the way, protecting life will always be my priority, and I urge a ''no'' vote on H.R. 3755.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentleman from Maryland (Mr. HOYER), our Democratic majority leader.

Mr. HOYER. Madam Speaker, I thank the chairman for yielding.

This is a serious issue. Some would say it is an issue about freedom, about individual integrity, as to who makes choices. I hear a lot about freedom, about government not interfering.

Madam Speaker, millions of women across our country and the men who stand with them are in shock and outrage at the new law in Texas and the Supreme Court's refusal to block it from taking effect. Texas senate bill 8 bans any abortion after 6 weeks. That is, of course, before most women know that they are pregnant.

It includes no exceptions for rape or incest. What do you think the psychological impact on the health of a woman is if you don't think this is about the health of women?

As many as 90 percent of women seeking reproductive care in Texas do so after 6 weeks, meaning that this law effectively bans women in the State from accessing the full range of reproductive care that they are guaranteed under Roe v. Wade. Now, my presumption is, of course, most speaking against this are not for and didn't support and would like to see Roe v. Wade repealed.

Also deeply disturbing is the way senate bill 8 is enforced. The law gives any private individual the authority to police any of their fellow citizens whom they suspect may be providing for or receiving reproductive care. How draconian, how communistic, how authoritarian such a scheme is.

This vigilante system is at odds with the values of American democracy, reminiscent of the kind of tactics previously used behind the Iron Curtain and still employed by totalitarian regimes.

The bill before us today would enshrine in statute the rights women are guaranteed under Roe v. Wade that the majority of Americans support at a time when they are increasingly under attack.

Statistics released in June by the Guttmacher Institute showed that over 500 bills restricting women's healthcare access had already been introduced since the start of this year in State legislatures; and as of last month, nearly 100 of those had been enacted.

The policies enacted by senate bill 8 and similar measures in other States under Republican control not only have the effect of eliminating access to reproductive choice, but also to a range of lifesaving healthcare services for women, particularly for low-income women.

This will probably not affect many wealthy women who can get in their car or get on the airplane and go wherever they might go. So opposition to this bill is directly discriminatory to women of less means to their healthcare. These range from cancer screenings to prenatal visits; from treating injuries to referring patients to counseling after trauma like sexual assault.

According to the Center for Reproductive Rights, nearly 90 percent of American counties do not have a single reproductive care provider.

For many women, the health clinics that provide these services are their primary source of healthcare. Measures like senate bill 8 are forcing many of these clinics to shut down.

Our country ought to be working to expand these resources for women, not make the healthcare harder to access.

We know that S.B. 8 and similar laws being enacted across the country will not stop women from seeking the full range of reproductive care. You know that. Back to the hanger, perhaps, and the death of scores, thousands, perhaps, of women who see no alternative.

The Women's Health Protection Act is a necessary response to Republicans' efforts to make it harder for women to access healthcare across the country. I thank JUDY CHU for leading this effort. I am grateful to Congresswoman CHU for authoring this legislation and championing this cause.

I am the father of three daughters, the grandfather of two granddaughters, and the great-grandfather of three great-granddaughters. I, frankly, do not want any of us making decisions for their healthcare.

Democrats are committed to taking action to secure Roe v. Wade and to protect women's access to reproductive healthcare no matter where they live.

The Women's Health Protection Act is a critical step in securing that ability for millions of American women, and I urge my colleagues to support it.

Mrs. RODGERS of Washington. Madam Speaker, such a sad day. It is beautiful outside, the Sun is shining.

I yield 2 minutes to the gentlewoman from Minnesota (Mrs. FISCHBACH), a champion for life.

Mrs. FISCHBACH. Madam Speaker, I thank my colleague from Washington for yielding me the time.

We hear a lot of talk coming from the other side about this Texas law, but I want to talk about the legislation that we have in front of us today and what effects that will have.

Madam Speaker, it should be called the abortion on demand bill because it does nothing to protect women's health; rather, it supersedes States' rights and makes any protection for women and unborn children illegal.

This bill will override countless protective State laws like parental notice, clinic regulations, and informed consent before an abortion.

The abortion on demand act would not only strip States of their rights to protect women and babies, but it would also strip away a parent's right to be involved and informed on their child's health and well-being.

What about protecting minors? Would States be allowed to ensure parental involvement or even notification? The answer is, of course, no under this legislation. In fact, it is just the contrary. The bill strips all of these protections provided by State laws.

One of my highest priorities as a Member of Congress is protecting the right to life for all innocent life from conception until natural death. This bill is a shameful attempt to override States' rights and codify widespread abortion on demand in this country.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from New York (Miss RICE).

Miss RICE of New York. Madam Speaker, the extreme abortion ban in Texas makes it clear: We need a Federal law that protects the right to abortion.

The Texas ban is not the first to attempt to eliminate abortion access across this country, and it will not be the last.

Every year the attacks on reproductive health get worse, and we know these attacks are not about the sanctity of life. If they were, Republicans would be wearing masks, they would be promoting the vaccine, and they would be championing our childcare policies that have lifted millions of children out of poverty. We know what the true agenda is: It is about controlling women and taking away their God-given right to make decisions about their own body.

As the Supreme Court prepares to consider a case that will directly challenge Roe v. Wade, Congress needs to take action.

Now is the time to pass the Women's Health Protection Act and protect abortion access for every single person across this country.

Mrs. RODGERS of Washington. Madam Speaker, continuing to celebrate life, I yield to the gentleman from New Jersey (Mr. SMITH), the biggest champion of all.

Mr. SMITH of New Jersey. For the first time ever by Congressional statute, this legislation would legally enable the violent death of unborn baby girls and boys by dismemberment, decapitation, forced expulsion from the womb, and deadly poisons for any reason until birth.

This bill will nullify every modest pro-life restriction ever enacted by the States, including women's right-to-know laws in 35 States, parental involvement statutes in 37 States, pain

capable unborn child protection laws in 19 States, waiting period laws in 26 States, and more.

This bill constitutes an existential threat to unborn babies.

Madam Speaker, this bill is far outside the American mainstream and goes far beyond Roe v. Wade.

This bill constitutes an existential threat to unborn children and to the value of life itself.

For the first time ever by congressional statute, H.R. 3755 would legally enable the violent death of unborn baby girls and boys by dismemberment, decapitation, forced expulsion from the womb, deadly poisons, or other methods at any time until birth.

A significant majority of Americans are deeply concerned about protecting the lives of unborn children.

A 2021 Marist Poll found that 65 percent of Americans want Roe v. Wade reinterpreted to either send the issue to the states or stop legalized abortion.

Of that 65 percent majority of Americans—40 percent of Democrats would ''allow certain restrictions on abortions as determined by each state.''

If enacted, this bill will nullify every modest prolife restriction ever enacted by the states including: women's right to know laws in 35 states; parental involvement statues in 37 states; pain capable unborn child protection laws in 19 states; and waiting period laws in 26 states, and more.

Seventy percent of Americans, according to the 2021 Marist poll, oppose abortion if the child will be born with Down syndrome—with over half of those who identify as pro-choice (56 percent), opposed, or strongly opposed to abortion due to the expectation a child will be born with Down syndrome. Americans seek to ''embrace'' and not ''erase'' those babies identified as having an extra chromosome.

H.R. 3755 overturns state laws that protect children with Down syndrome as well.

The U.S. Supreme Court majority in Roe v. Wade wrote: ''We need not resolve the difficult question of when human life begins.'' Sidestepping that threshold question and giving no benefit of the doubt to the child, they went on to legalize and enable abortion on demand.

For decades, abortion advocates have gone to extraordinary lengths to ignore, trivialize, and cover-up the battered baby-victim.

But today, thanks to ultrasound, unborn babies are more visible than ever before.

Modern medicine today treats unborn children with disability or disease as a patient in need of diagnosis and treatment.

Birth is an event—albeit an important one—but not the beginning of life.

Regarding international law, the bill falsely states that ''Core human rights treaties ratified by the United States protect access to abortion.''

In fact, the International Covenant on Civil and Political Rights, which the U.S. has ratified, is concerned about unborn children being killed. It states in Article 6 that ''Every human being has the inherent right to life'' and that ''No one shall be arbitrarily deprived of his life.''

It goes on to declare that the ''sentence of death . . . shall not be carried out on pregnant women.'' The ICCPR creates an exemption from execution for pregnant women, recognizing that their unborn children have an independent claim to legal protection, as do all unborn children.

The legislation under consideration by the House today is deceptively titled the Women's Health Protection Act of 2021. Abortion is not health care unless one construes the precious life of an unborn child to be analogous to a tumor to be excised or a disease to be vanquished.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. SCHRIER).

Ms. SCHRIER. Madam Speaker, Texas' law to pay vigilantes to sue anyone who enables an abortion after 6 weeks is just the latest gross overreach to make it virtually impossible for women to get abortion care.

These laws take away a woman's right to determine if and when to have a child. And I can tell you as a doctor that these laws also undermine a doctor's oath to help her patients and the trust between doctor and patient, not to mention the women's own health.

It is long past time to stop States from putting up absurd roadblocks with no medical justification, like hallway size, arbitrary waiting periods, unnecessary vaginal ultrasounds, government scripted propaganda, and hospital admitting privileges for procedures that don't require a hospital.

This bill blocks States from putting up these barriers to care.

As the only pro-choice woman doctor in Congress, I urge my colleagues to join me in protecting a woman's right to a legal, safe abortion no matter where she lives by supporting the Women's Health Protection Act.

Mrs. RODGERS of Washington. Madam Speaker, as we continue to celebrate life, I yield 1½ minutes to the gentlewoman from Michigan (Mrs. MCCLAIN).

Mrs. MCCLAIN. Madam Speaker, I thank the gentlewoman for yielding and for her diligent effort to save the lives of unborn children. And that is really what this bill is about, saving the lives of unborn children.

For all of us that have children, grandchildren, great-grandchildren, this is about them and their rights. I hear us talking about our rights, but what about their rights? Don't they have a right? Because they have no choice. So thank you for being their voice.

But I rise today to speak the truth. I want to talk about the truth, which doesn't happen much. This act is titled the Women's Health Protection Act, more properly titled the abortion on demand act.

Stop hiding behind Texas. Stop hiding behind women's rights.

The majority has chosen once again to lie to the American people about what this legislation is about. This bill has nothing to do with women's health. This bill is about infanticide. To my Democratic colleagues, if you are in support of infanticide, just say it. You don't need to sugar coat it. Just say it. To my democratic colleagues, if you are in support of killing a child for any reason, you wanted a boy but it is a girl, oh, we will just get rid of it and try again, just have the courage and the guts to say it.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Massachusetts (Mrs. TRAHAN).

Mrs. TRAHAN. Madam Speaker, my generation and every generation of women after us has grown up with the freedom and the security under Roe v. Wade.

Today those protections are under attack from lawmakers and activists, many of whom have never had to make the tough personal decisions about family planning or about the health of a pregnancy.

Those attacks have been successful, and it is chilling as a mom of two young daughters.

Roe is on the verge of elimination, and millions of women are rightly terrified of what that means for their bodily autonomy and the future of reproductive care even beyond abortion.

Today, we are going to pass the Women's Health Protection Act because we know that no one can be more trusted to make the best health decisions for themselves than women.

The government should not have a role in that choice, and I reject the hypocrisy on the other side of the aisle that suggests otherwise.

Please, join us in passing this critical legislation and protecting reproductive rights, protecting the freedom of women to decide. If not for the people you represent, then for the women in your lives.

□ 1015

Mrs. RODGERS of Washington. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. SCHWEIKERT), a champion for life.

Mr. SCHWEIKERT. Madam Speaker, this is one of those moments I am actually behind the microphone to say thank you. I was born in an unwed mother's home—so was my brother; so was my sister—and you have all met my little girl, as she is here, that came to us as a gift out of nowhere.

But when I was 38 years old, through a series of accidents, I got the phone number from my birth mother, and I called her. The first words were just through the tears and this high-pitched almost—she was struggling; you could hear her almost hyperventilating. ''I pray for you every morning. Are you okay? Are you healthy? Are you happy?'' I am crying on my side, saying: ''I have a great life. Thank you for letting me live.''

Today in the Schweikert family and the Hoyle family, and all of our families together—my little girl is third-generation adopted now. Maybe we are doing something wrong in the family. We would get together with our birth moms and our moms. The amazing thing is my mom became best of friends with my birth mom.

This is the American family of today. Let's love it and respect it.

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

The SPEAKER pro tempore. The gentleman from New Jersey has 17 minutes remaining.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Texas (Mrs. FLETCHER).

Mrs. FLETCHER. Madam Speaker, I rise in support of the Women's Health Protection Act. As an original cosponsor of the bill, I thank Representative CHU for her leadership on this important bill.

As a woman from Texas, I thank this body for responding with urgency to my beloved home State's cruel law, depriving Texans of their constitutional rights, by bringing this bill to the floor today.

In this moment, it is a Texas law, a law quickly being copied across the country, that has brought us here. But let us remember that it was also Texas that brought us the framework for this bill that we will pass today to protect the health, privacy, dignity, and freedom of women and families across this country in the case of Roe v. Wade. It was a 26-year-old Texas woman named Sarah Weddington who took that case all the way to the Supreme Court.

Texas women have fought and will continue to fight for the rights that we protect here today. I am proud to be one of them and to vote in favor of this bill.

Madam Speaker, I include in the RECORD a letter from NARAL Pro-Choice America.

STATEMENT OF NARAL PRO-CHOICE AMERICA

THE WOMEN'S HEALTH PROTECTION ACT (H.R. 3755)—SEPTEMBER 24, 2021

Thank you for the opportunity to submit a statement to the U.S. House of Representatives on this critical legislation. NARAL Pro-Choice America (NARAL) is a national advocacy organization, dedicated to protecting and advancing reproductive freedom, including access to abortion, contraception, paid leave, and protection from pregnancy discrimination, as a fundamental right and value. Through education, organizing, and influencing public policy, NARAL and our 2.5 million members from every state and congressional district in the country work to guarantee every individual the freedom to make personal decisions about their lives, bodies, and futures, free from political interference. For this reason, we are submitting this statement to thank leadership for holding this vote and to call on Congress to pass the Women's Health Protection Act in order to safeguard the federal right to abortion against bans and medically unnecessary restrictions.

The legal right to abortion faces its greatest threat in decades. Despite overwhelming public support, 8 in 10 Americans, for the legal right to abortion, we're in the midst of an all-out assault on reproductive freedom with Roe v. Wade hanging in the balance. The need to enshrine the legal right to abortion in federal statute is more urgent than ever. The fact that the U.S. Supreme Court will soon hear Dobbs v. Jackson Women's Health Organization, a direct challenge to Roe v. Wade, and that it declined to block Texas's extreme abortion ban, allowing Roe to be rendered meaningless in the state, represent ominous signs for the future of abortion rights in this country.

Earlier this month, the Supreme Court failed to intervene and subsequently rejected an emergency request to block Texas Senate Bill 8 (SB 8), a blatantly unconstitutional ban on abortion. This law bans abortion at approximately six weeks before many people even know they are pregnant. It also grants private citizens the power to sue abortion providers and anyone else who helps someone access abortion care; this includes clergy members or counselors, abortion funds that assist someone in paying for abortion care, and even someone who drives a patient to their appointment, like family members, friends, and rideshare drivers. An individual who successfully sues someone for assisting a pregnant person seeking abortion care would receive a financial reward of $10,000. The Supreme Court's decision to allow SB 8 to go into effect essentially gave Texas the green light to render Roe v. Wade meaningless in the state and empowered anti-choice lawmakers to use this law as a blueprint to roll back reproductive freedom in their own states.

The pending Supreme Court case is set against a backdrop of increasingly cruel and draconian restrictions and bans as anti-choice politicians escalate their quest to end legal abortion.

Even as Roe stands, though it has long not been a reality for many, the further evisceration of abortion access is ramping up. In addition to Texas's ban, state lawmakers seeking to advance their agenda of power and control have passed hundreds of state-level attacks on abortion access over the last decade that have made care extremely difficult, if not impossible, to access for many people across the country. Systematic attacks on reproductive freedom and abortion access, including bans on abortion coverage, intentionally push access out of reach and have rendered meaningless the protections and rights afforded by Roe v. Wade for many people across the country.

The unprecedented threat to the right to abortion underscores the urgent need for Congress to pass the Women's Health Protection Act. Every day without congressional action to protect abortion rights and expand abortion access means that more and more people are denied the right to abortion and ability to access the care that they need—and we know that this disproportionately affects women, Black, Indigenous and People of Color (BIPOC), people working to make ends meet, immigrants, young people, people with disabilities, LGBTQ+ individuals, and those living in rural and other medically underserved areas. Attacks on abortion rights and access are rooted in racism, white supremacy, and other forms of discrimination. Ending these barriers and ensuring equal access to abortion care is central to the pursuit of reproductive freedom and racial and economic justice.

The looming threat to the future of legal abortion across the country is the result of a decades-long far-right strategy to advance a radical and out-of-touch ideological agenda. In the late 1970s, radical conservatives weaponized the formerly non-political, backburner issue of abortion rights as political cover for their efforts to maintain white patriarchal control amidst diminishing support for racist policies like school segregation, which had previously been the backbone of their movement. In the years immediately preceding and following Roe v. Wade, Evangelical Christians, who now form the backbone of the GOP, were overwhelmingly indifferent on the issue of abortion. But through the carefully crafted messages of Paul Weyrich, Jerry Falwell, and other architects of the Radical Right, abortion became the political tool of choice for a movement determined to maintain control in a changing world, and the trojan horse for a far-reaching array of ideologies meant to thwart social progress.

In the intervening years, opposition to abortion has become a litmus test in far-right circles for a host of political and judicial positions. In order to advance their agenda—one that has always stood in direct opposition to the values of the majority of Americans—they developed and implemented a strategy for capturing and maintaining minority rule. This strategy included pushing regressive boilerplate legislation chipping away at access to abortion through state legislatures and Congress, as well as stacking the federal judiciary with anti-choice ideologues.

Anti-choice activists have spent decades building their influence over the federal judiciary through well-funded, secretive networks like the Federalist Society. Conservative activists have never been shy about the fact that their takeover of the federal judiciary is part of a broad strategy to quell the majority and cement minority rule, but the election of Donald Trump took this tactic to new heights. In May 2016, Trump pledged to only nominate anti-choice judges, a promise he doubled down on in 2020. And with the help of Mitch McConnell, Trump installed anti-choice federal judges with lifetime appointments at a breakneck pace. More than a quarter of currently active federal judges are now Trump appointees, including Supreme Court justices Neil Gorsuch, Brett Kavanaugh, and Amy Coney Barrett—tipping the balance of the Court to a supermajority unmistakably hostile to reproductive freedom. We have already seen this majority use the so-called ''shadow docket'' to undermine the right to abortion and abortion access. There is no denying that the threat to Roe v. Wade is real.

Anti-choice lawmakers, emboldened by the anti-choice supermajority on the Court, have accelerated their push to pass blatantly unconstitutional bans and restrictions on abortion—introducing, advancing, or passing over 330 bills attacking abortion access this year alone, some going as far as criminalizing pregnant people and doctors who provide abortion care. Now, more than ever, the anti-choice movement is advancing its extremist agenda in plain sight. Already this year, at least eight states have enacted laws that criminalize doctors for providing abortion care. When abortion care is criminalized, lives are on the line. Ending legal abortion would roll back the clock for our rights, but it would not eliminate abortion. It would only isolate and endanger people trying to make the best decisions for their lives and their futures.

The interrogation and punishment of people who are pregnant is not far-fetched—it is already happening. People across the country are already being charged or prosecuted for pregnancy outcomes including pregnancy loss, self-managing abortion care, or even the suspicion of it. Criminalizing people for having an abortion, experiencing a miscarriage or stillbirth, or any other pregnancy outcome only exacerbates racial inequities and is just one of the many ways that Black, Indigenous, and other people of color have been criminalized.

NARAL Pro-Choice America strongly supports the Women's Health Protection Act, which was re-introduced this year by Representatives Judy Chu (D–CA), Lois Frankel (D–FL), Ayanna Pressley (D–MA), and Veronica Escobar (D–TX), and Senators Richard Blumenthal (D–CT) and Tammy Baldwin (D–WI). Roe v. Wade and access to abortion care are on the line like never before and this moment requires urgent action from Congress. All people—no matter who they are or where they live—should have the

freedom to make their own decisions about whether to start or grow a family, free from political interference. Enacting the Women's Health Protect Act is a critical step toward creating a world where every body is free to make the best decisions for themselves, their families, and their lives.

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

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY), chair of the House Committee on Oversight and Reform.

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, our constitutional rights are under attack. We must pass the Women's Health Protection Act to firmly establish a statutory right to abortion care in every community across our country.

Our rights are no longer being chipped away. They are being bulldozed into the ground. We must act now before it is too late.

Madam Speaker, I thank our chairman for his extraordinary leadership on this issue, and I urge a ''yes'' vote.

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

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Madam Speaker, ''Let Freedom Ring'' has been replaced by Texas Republicans with ''Let vigilantes hunt.''

Neighbors spying on neighbor. Offering $10,000 bounties on a driver, a physician, anyone who offered counsel. So invasive that an Arkansas convict has now sued a San Antonio physician. Mandatory motherhood, even in cases of rape and incest, with Republicans targeting only those survivors who are seeking healthcare.

Protect the fundamental right of choice. Reject this narrow-minded, unconstitutional, Republican power-hungry, vigilante injustice. Join us next Saturday at the Women's March for Freedom at the State Capitol in Austin.

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

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. Madam Speaker, I rise in strong support of H.R. 3755. As co-chair of the Pro-Choice Caucus, I am a proud original cosponsor. I thank my good friend and Congresswoman, JUDY CHU, for her persistent leadership, also Chairman PALLONE and the Speaker for bringing it to the floor.

Madam Speaker, make no mistake, people deserve the freedom to control their own bodies, lives, and futures. We must protect the right to access abortion and to ensure that it is available and affordable.

Now, I remember the days of back alley, unsafe abortions. We cannot, and we will not, go back to those days.

Passing this bill would provide a critical safeguard against attacks on reproductive freedom and ensure that abortions are accessible and available for all, which means also low-income women and people of color. This is our body. It is our choice.

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

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Madam Speaker, it is past time we took the power to make deeply personal healthcare decisions out of Governors' mansions and State legislatures and put them back where they belong, in the hands of patients and their doctors.

Just this week, my home State of Florida filed a horrific anti-abortion bill that is a revolting assault on women's rights. With Federal courts becoming more hostile to reproductive access, we must not waver in the passage of the Women's Health Protection Act.

Thankfully, this bill before us today protects the right to access abortion throughout the United States and safeguards against medically unnecessary bans and restrictions like those in Texas' S.B. 8.

Equal access to abortion care everywhere is essential to economic participation, reproductive autonomy, and the right to determine our own lives.

Congress has a responsibility to pass legislation that makes these human rights a reality.

Madam Speaker, I urge passage of this vital piece of legislation.

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

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentlewoman from California (Ms. SPEIER).

Ms. SPEIER. Madam Speaker, I thank the chairman, and I thank JUDY CHU for their leadership.

Madam Speaker, 10 years ago on this floor, I spoke about a second-term abortion that I had. It was painful. It was hard. But I did because so many on the other side of the aisle that day knew nothing about what women endure. We are not vessels for a man to inject their sperm into and then walk away with no consequences.

This is my body, not yours. Many on the other side of the aisle whine about the freedom that they have lost by having to wear masks, yet you want to take my freedom to control my body away from me.

You have not carried a fetus in your body. You have not had a fetus die in your body. You have not had to mourn the loss. You stand there preaching birth but not life.

This is my body. This is my life. This is my freedom.

Mrs. RODGERS of Washington. Madam Speaker, standing for life, standing as someone who has carried a baby and lost a baby, standing and continuing to celebrate life, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Madam Speaker, I rise today in strong support of the Women's Health Protection Act.

If we truly value women, we must protect their right to control their own bodies and their freedom to make their own healthcare decisions.

This includes the right to safe abortion, guaranteed by the Supreme Court in Roe v. Wade almost 50 years ago—not more, nothing less.

But this right is under fierce attack. We have seen wildly restrictive abortion bans, a $10,000 bounty on people who help women who are seeking abortion care. This is unconstitutional and dangerous.

This bill will guarantee women all across this country the freedom to make their own healthcare decisions, a basic and well-established constitutional right.

Madam Speaker, I urge my colleagues to support it.

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

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentlewoman from Washington (Ms. DELBENE).

Ms. DELBENE. Madam Speaker, I rise today in support of the Women's Health Protection Act, a historic vote which will cement the right to abortion in the United States.

The impending cases before the Supreme Court are proof that the assault on women and Roe are real, and Congress must step up. Women have a right to full reproductive healthcare, including abortion. Lawmakers have a responsibility to uphold this right.

Madam Speaker, I urge my colleagues to vote ''yes'' on the Women's Health Protection Act.

The SPEAKER pro tempore (Ms. SPEIER). The gentlewoman from Colorado (Ms. DEGETTE) controls the balance of the time.

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

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentlewoman from North Carolina (Ms. ADAMS).

Ms. ADAMS. Madam Speaker, a woman who does not own or control her own body cannot call herself free.

I want you to close your eyes and imagine being forced to give birth during a global pandemic: fewer in-person visits, more telehealth visits; new parents having children alone without their families, worrying if the baby will catch the virus; something goes wrong, there may not be space in the ICU.

Now open your eyes to the truth. A woman should not have to yield control over her own choices and her own body.

So let's pass this bill, the Women's Health Protection Act. That is what we need to do.

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

Ms. DEGETTE. Madam Speaker, may I inquire as to the time remaining on both sides.

The SPEAKER pro tempore. The gentlewoman from Colorado has 12 minutes remaining. The gentlewoman from Washington has 7 minutes remaining.

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentleman from Florida (Mr. CRIST).

Mr. CRIST. Madam Speaker, I thank the chairman and the gentlewoman from California for her leadership.

Access to safe and legal abortion is about trust—trust in those seeking reproductive care, trust that they will know what is best for their bodies and their families, and trust in them to make a choice that only they can make about their own future.

What we are seeing in Texas and in the Supreme Court is what happens when government wants to make the choice for you, and I am hearing from Floridians who are terrified that the Governor of Florida wants to bring Texas-style tyranny to the Sunshine State.

Not on our watch. Vote ''yes'' on the Women's Health Protection Act.

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

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentlewoman from Washington State (Ms. JAYAPAL).

Ms. JAYAPAL. Madam Speaker, one in four women across America has had an abortion. I am one of them.

It is a deeply personal choice about control of our own bodies and the consequences of a choice that only we will have to live with. Do not criminalize me and millions of women like me around the country. Do not criminalize those that help us.

Let me be clear. The cruel Texas abortion law and decades of efforts to repeal Roe v. Wade are nothing but attempts to control our bodies and our choices.

Madam Speaker, terminating my pregnancy was not an easy choice for me, but it was my choice. It is time to preserve that for all people.

Mrs. RODGERS of Washington. Madam Speaker, continuing to stand, celebrating life, I reserve the balance of my time.

□ 1030

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentlewoman from Texas (Ms. GARCIA).

Ms. GARCIA of Texas. Madam Speaker, Congress must protect women's constitutional freedom to decide over their bodies. After the cruel Texas—my home State—abortion ban, I visited the local Planned Parenthood and heard horrific stories of women already resorting to self-help, including finding an abortion tea on the internet.

We cannot go back to the dark ages of using dangerous wire hangers for self-help and other things that will actually hurt and potentially kill women. We cannot continue to go back. We must move forward and protect our rights.

Madam Speaker, I urge passage of the Women's Health Protection Act.

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

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentlewoman from Georgia (Mrs. MCBATH).

Mrs. MCBATH. Madam Speaker, generations of women fought for the right to vote, they fought for a seat in the university classroom, a seat in the boardroom, and a seat in our government. And they fought for the freedom for us to make our own decisions about our bodies.

Generations of women secured these gains so that we could build on their efforts toward a just and equitable society. We cannot allow their work to be undone. That is why I am proud to vote in favor of the Women's Health Protection Act.

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

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas. Madam Speaker, the Constitution recognizes that there are limits that can be placed on the long arm of the law. The long arm of the law has limitations when it comes to speech. The long arm of the law has limitations when it comes to religion. And the long arm of the law has limitations in terms of how far it can extend into a women's womb.

This bill checks the long arm of the law so that it does not extend too far into a women's womb.

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

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentleman from New Hampshire (Mr. PAPPAS).

Mr. PAPPAS. Madam Speaker, for 48 years the right to choose has been the law of the land, and it is time that Congress protects that right and access to the full range of reproductive care.

States are passing dangerous bans on abortion that harm patients and criminalize doctors, and anti-choice legislators are erecting barriers that are ever more onerous for women. This has even happened in my home State of New Hampshire where the legislature passed an abortion ban and forced ultrasounds for women seeking an abortion.

If the Supreme Court won't protect Roe v. Wade, then Congress must pass the Women's Health Protection Act.

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

Ms. DEGETTE. Madam Speaker, I yield 1 minute to the gentlewoman from Massachusetts (Ms. PRESSLEY), an original cosponsor of this legislation.

Ms. PRESSLEY. Madam Speaker, abortion care is a fundamental human right. Texas' unconscionable abortion ban is further evidence that lawmakers who aim to do harm will stop at nothing to attack our reproductive rights and bodily autonomy. But not on our watch.

It is clear the Supreme Court is no longer on the side of justice and the pro-choice majority of the House of Representatives has a responsibility to stand in the gap and to act.

Today, we must, and we will, pass the Women's Health Protection Act. I am proud to co-lead this bill with Congresswoman CHU to codify the right to abortion care.

Madam Speaker, I urge my colleagues to stand with us to reaffirm reproductive justice and protect this fundamental right.

Mrs. RODGERS of Washington. Madam Speaker,

> Open up, O heavens, and pour out your righteousness. Let the Earth open wide so salvation and righteousness can sprout up together.
> I, the Lord, created them.
> What sorrow awaits those who argue with their creator.
> Does a clay pot argue with its maker?
> Does the clay dispute with the one who shapes it, saying, Stop, you're doing it wrong?
> Does the pot exclaim, How clumsy can you be?
> How terrible it would be if the newborn baby said to its father, Why was I born?
> Or if it said to its mother, Why did you make me this way?

It is the word of the Lord.

Madam Speaker, I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentlewoman from New Jersey (Ms. SHERRILL).

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

For almost my entire life, Roe v. Wade has been the law of the land. And after continuous attacks on Roe for the past five decades, I, for the first time fear that it is truly imperiled.

The attacks on women's health in Texas and the court's refusal thus far to protect our Constitution and women lays out a roadmap really for States across the Nation. That is why this legislation is critical, so Congress can stand in the breach and protect women and our constitutional rights across the Nation.

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

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentleman from New York (Mr. JONES).

Mr. JONES. Madam Speaker, a few weeks ago, the far right, a 6–3 majority on the Supreme Court, quietly overturned Roe v. Wade.

Today, we pass the Women's Health Protection Act to restore reproductive freedom nationwide and protect fundamental rights that the Supreme Court will not.

These justices will do whatever they can to erase reproductive rights. So we

must also restore balance to the Supreme Court by adding seats. The American people agree. Not just 90 percent of Democrats, but 61 percent of Independents.

Until we end the domination of the far-right majority, reproductive freedom will never be secure.

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

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentlewoman from New Mexico (Ms. LEGER FERNANDEZ).

Ms. LEGER FERNANDEZ. Madam Speaker, New Mexico is a border state with Texas. Because of the extreme abortion ban, our Texas hermanas are driving hours to receive abortion care in New Mexico.

We are receiving women's rights refugees with open arms, hearts, and open clinics. To deputize complete strangers to interfere with a woman's health choice is constitutionally, medically, and morally wrong.

Many minority, LGBTQ, and low-income women can't afford to travel and access quality healthcare. Let's pass the Women's Health Protection Act so that we can protect women's freedom in every State.

Mrs. RODGERS of Washington. Madam Speaker, I yield 1 minute to the gentlewoman from Florida (Mrs. CAMMACK).

Mrs. CAMMACK. Madam Speaker, I stand before you today, the daughter of a single mother. I was the first in my family to go to college, an individual who just 10 years ago was homeless, and now today a Member of Congress.

A Member of Congress. People like me are not supposed to be here. We just don't make it to quite this level, typically. And, quite frankly, I am not supposed to be here breathing. You see, my mom when she was 27 years old suffered a stroke when she was pregnant with my sister. The doctors told her then that she would never be able to have children again.

So you can imagine, years later when she found herself pregnant with me, she was scared and alone, and being told by her doctors that she would not only die, that the child would die, too, and that she must abort. But my mom did something incredibly brave that day, she made a choice against the advice of her doctors, against the pressure of her own family, and she chose life.

You know, my colleagues on the other side of the aisle, Madam Speaker, have been talking about how our constitutional rights are under attack, and I agree, they are. Because they begin with life, liberty, and the pursuit of happiness. It starts with life.

Madam Speaker, I am proud to stand and fight for our unalienable rights and the rights of those little girls yet to be born.

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentlewoman from North Carolina (Ms. MANNING).

Ms. MANNING. Madam Speaker, I rise in strong support of the Women's Health Protection Act. Congress must take action against the Republican's relentless attacks on women's reproductive freedom, including medically unnecessary restrictions and blatantly unconstitutional bans on abortions. These State bans go against 50 years of judicial precedent.

We must take action now to protect women and their freedom to make decisions about their own bodies, their own health, their own families.

Madam Speaker, I urge my colleagues to support this vital bill.

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

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentlewoman from Georgia (Ms. WILLIAMS).

Ms. WILLIAMS of Georgia. Madam Speaker, I rise today in support of reproductive freedom; for the people I met while working for Planned Parenthood who had to travel across State lines just to get the care that they need.

The relentless assault on abortion in State legislatures and courtrooms has nothing to do with health or care. It is about scoring political points on the backs of those most marginalized.

It might be Texas first, then Mississippi, then my home State of Georgia where, as we speak, another despicable abortion ban is having its day in Federal court right now.

We can't leave the right to safe and legal abortion to the whim of States. Congress must ensure that everyone, no matter their ZIP Code, can make decisions about their health and families freely.

Madam Speaker, I urge my colleagues to join me in supporting the Women's Health Protection Act.

Mrs. RODGERS of Washington. Madam Speaker, I yield 1 minute the gentleman from Nebraska (Mr. FORTENBERRY), my classmate and champion for life.

Mr. FORTENBERRY. Madam Speaker, the Women's Health Protection Act has a powerfully good name, but the name masks its intention.

This bill would make America the most pro-abortion Nation on Earth. It in no way advances the principles of inclusion and equity routinely championed on this floor. It does just the opposite: it hurts the most vulnerable in our society, expectant mothers and their preborn children.

So, my colleagues, my friends, I urge us, let's please turn from the contradictions here and maybe, just maybe, open our hearts to another way. When there is news of an unexpected pregnancy and that vulnerable moment of uncertainty, suppose that we as a community of care committed to the journey of life to help a mother and her child, before birth, at birth, and after birth. That is called commitment. That is called compassion. That is called love. That is called care for her.

Ms. DEGETTE. Madam Speaker, I yield 30 seconds to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, S.B. 8 will kill women. It is a dangerous, dangerous depriving of our constitutional rights, but it will kill women. It is a bill that provides a provision that I have never seen in my lifetime living in the United States of America, a free Nation.

It actually sets a bounty, reminiscent of eras of dastardly life in this country, the slave life; a bounty in order to stalk a woman to ensure that the provider does not give and the woman does not get an abortion.

I support this legislation because it upholds the Constitution, and I look forward to my bill on preventing vigilante stalking being passed.

Madam Speaker, as a senior member of the Judiciary Committee and the Chair of the Subcommittee on Crime, Terrorism, and Homeland Security; a member of the Democratic Working Women's Task Force, the representative of 700,000 highly interested and affected persons in the Eighteenth Congressional District of Texas; as a sponsor of the legislation; and as a woman who was born and came of age during a period when the women of America were denied rights that men took for granted, including the basic human right of autonomy over one's own body and to decide for herself the profound and fundamental question of whether to bear or beget a child, I rise in strong support of H.R. 3755, the Women's Health Protection Act, which protects a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services.

I am extremely pleased that the Biden-Harris Administration strongly endorses this legislation and urges its swift passage by the Congress.

Madam Speaker, I support H.R. 3755 because it states clearly and unequivocally in Section 4 that 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 burdensome limitations or requirements.

Burdensome and unlawful requirements include:

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.

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.

It is important to note that prior to fetal viability, the law prohibits a health care requiring a patient seeking abortion services to disclose the patient's reason or reasons for seeking abortion services, or a limiting 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 the health care provider believes the patient has for obtaining abortion services.

Madam Speaker, H.R. 3755 contains another important provision, this one directed toward the judiciary, and it is that all courts are to ''liberally construe'' the provisions of the law to effectuate the congressional intent in enacting the law and that courts are not to construe the act in anyway ''to authorize any government to interfere with a person's ability to terminate a pregnancy, or to diminish or in any way negatively affect a person's constitutional right to terminate a pregnancy.''

To enforce the provisions of the legislation, the Attorney General is authorized to commence a civil action for prospective injunctive relief on behalf of the United States against any government official that is charged with implementing or enforcing any limitation or requirement that is challenged as a violation of a statutory right under this Act.

In addition, H.R. 3755 authorizes private rights of action to be brought for injunctive relief against the government official that is charged with implementing or enforcing the challenged limitation or requirement by any individual or entity, including any health care provider, aggrieved by the alleged violation of this Act.

Madam Speaker, swift, clear, and decisive action to codify the rights and protections provided by the U.S. Supreme Court's landmark decision in *Roe* v. *Wade, 410 U.S. 113 (1973)* is the clearly required response to the more than 500 state laws restricting abortion access over the past decade.

These regressive restrictions have eliminated access to abortion care in large swaths of the United States; nearly 90 percent of U.S. counties are without a single abortion provider and five states are down to their last clinic.

The people hurt most by abortion restrictions are those who already face barriers to accessing health care-including Black, indigenous and persons of color, women, those working to make ends meet, members of the LGBTQI+ community, immigrants, young people, those living in rural communities, and people with disabilities.

Madam Speaker, right-wing Republican legislators passed, and the Republican governor signed, Texas SB8, an extreme and facially unconstitutional law that contemptuously violates existing Supreme Court precedent.

The Texas law significantly impairs women's access to critical reproductive health care, particularly affecting communities of color, individuals with low incomes, and those who live in rural or underserved communities.

The law also turns private citizens into bounty hunters who are empowered to bring lawsuits against anyone who they believe has helped another person get an abortion, including family members, faith leaders, Uber drivers and others providing transportation, and health care providers.

The new Texas law prohibits abortions as early as six weeks into a pregnancy and creates the opportunity for almost any private citizen to sue abortion providers and women seeking to terminate their pregnancy past six weeks.

The law effectively bans abortion in Texas, as the six-week cutoff is just two weeks after a missed menstrual cycle.

The ''hotline'' reporting system in the Texas law is particularly malicious.

Since enforcement of the bill lies entirely with private citizens, Texans are incentivized to stalk women as they make vitally important decisions about their own health.

It is anathema to the conscience of the United States of America to have individuals following women to determine whether they have or will receive an abortion.

We saw similar occurrences during the KGB era of the Soviet Union, as neighbor spied on, lied against, and turned against neighbor to hand over their fellow citizens to the state.

We are Americans, and to have a law that so blatantly foments distrust and stalking among our citizenry is a blatant spit in the face of the principles on which this country was founded.

To assist in stopping this law, and to protect women from vigilante bounty hunters, I have introduced H.R. 5226, the ''Preventing Vigilante Stalking that Stops Women's Access to Healthcare and Abortion Rights Act of 2021.''

This bill would enhance criminal penalties under the federal stalking statute if the stalking is done with the intent to prevent or report on a woman's health decisions.

Importantly, this bill does not include any mandatory minimums.

This bill will weaken the incentive to stalk women by bolstering the criminal penalties under the federal stalking statute if the stalking is intended to prevent or report on a woman's health decisions.

Additionally, earlier this year, the U.S. Supreme Court announced that in December it will hear argument on a Mississippi law banning abortion after 15 weeks of pregnancy, which represents a direct challenge to the continued vitality of Roe v. Wade.

Madam Speaker, one of the most detestable aspects of these continued attacks to undermine a woman's right to reproductive health care is that it would curb access to care for women in the most desperate of circumstances.

Women like Danielle Deaver, who was 22 weeks pregnant when her water broke and tests showed that Danielle had suffered anhydramnios, a premature rupture of the membranes before the fetus has achieved viability.

This condition meant that the fetus likely would be born with a shortening of muscle tissue that results in the inability to move limbs.

In addition, Danielle's fetus likely would suffer deformities to the face and head, and the lungs were unlikely to develop beyond the 22-week point.

There was less than a 10% chance that, if born, Danielle's baby would be able to breathe on its own and only a 2% chance the baby would be able to eat on its own.

Abridging a woman's right to reproductive health care hurts women like Vikki Stella, a diabetic, who discovered months into her pregnancy that the fetus she was carrying suffered from several major anomalies and had no chance of survival and whose physician determined that because of Vikki's diabetes, induced labor and Caesarian section were both riskier procedures for Vikki than an abortion.

SB8 is the most brazen, but not the first, attempt to roll back women's reproductive health care rights in Texas.

In 2013 Texas passed a law that would have cut off access to 75 percent of reproductive healthcare clinics in the state had it not been challenged before the U.S. Supreme Court in 2014 and 2015.

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

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

But because Texas is a vast state comprising 268,580 square miles, (second only in size and population to the state of California), implementation of the law would have ended access to reproductive services for millions of women in my state.

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

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

Madam Speaker, since the United States Supreme Court ruled over 40 years ago, in Roe v. Wade (410 U.S. 113 (1973)), that a woman's constitutional right to privacy includes her right to abortion, both abortion rates and risks have substantially declined, as have the number of teen and unwanted pregnancies.

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

Instead, they are continuing their assault on women's constitutional rights and their campaign to outlaw abortion.

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

It is clear women are under attack and must be on perpetual guard against new attacks on women's access to reproductive health care, often couched in those same terms.

Madam Speaker, this is not what the American people want.

Support for abortion access is at an all-time high; nearly 80 percent of Americans do not want to see Roe v. Wade overturned.

There is no state in the Nation where making abortion illegal is popular.

The American people want more access to health care, not less, and it is more critical than ever to see through this inflammatory misinformation campaign.

Madam Speaker, the right to make decisions about reproductive health care, including abortion, is central to individual equality.

The right enables a person to decide if, when, and how to start and grow their family.

It enables people to pursue and advance in their education and employment, and to be full and equal participants in society.

Laws that restrict reproductive freedom, including restrictions on abortion and birth control, perpetuate harmful stereotypes about gender roles and undermine gender equality.

Courts, federal law, and the public have long connected reproductive freedom with equality.

Reproductive freedom is central to women's equality, for as the Supreme Court said in Planned Parenthood v. Casey, 505 U.S. 833 (1992): ''The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.''

Americans understand this connection and it is reflected in a January 2019 national poll showing 71% of voters agree—48% agree strongly—that equal rights for women includes access to reproductive health care.

State laws like Texas SB8 represent unconstitutional infringements on the right to privacy, as interpreted by the Supreme Court in a long line of cases going back to Griswold v. Connecticut, 381 U.S. 479 (1965) and, of course, Roe v. Wade.

In Roe v. Wade, the Court held that a state could not prohibit a woman from exercising her right to terminate a pregnancy in order to protect her health prior to viability.

While many factors go into determining fetal viability, the consensus of the medical community is that viability is acknowledged as not occurring prior to 24 weeks gestation.

Supreme Court precedents make it clear that neither Congress nor a state legislature can declare any one element—''be it weeks of gestation or fetal weight or any other single factor—as the determinant'' of viability. Colautti v. Franklin, 439 U.S. 379, 388–89 (1979).

The constitutionally protected right to privacy encompasses the right of women to choose to terminate a pregnancy before viability, and even later, where continuing the pregnancy to term poses a threat to a woman's life, health, or safety.

This right of privacy was hard won and must be preserved inviolate.

Madam Speaker, every pregnancy is different, and no politician knows, or has the right to assume he knows, what is best for a woman and her family.

These are decisions that properly must be left to women to make, in consultation with their partners, doctors, and their God.

I urge all Members to join me in voting to protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services by voting for H.R. 3755, the Women's Health Protection Act.

[From the Intelligencer, Sept. 3, 2021]

TEXAS IS ALREADY CREATING ABORTION REFUGEES

(By Melissa Jeltsen)

Just pause and breathe. We're going to help, but I need you to take a breath and calm down for a moment.

Kathaleen Pittman, director of the Hope Medical Clinic for Women in Shreveport, Louisiana, repeated this mantra over and over to the teary women on the other end of the phone. The calls were coming from all over Texas, where abortion is currently banned at about six weeks, before many women know they are pregnant. They wanted to know if they could get an abortion in Louisiana instead.

''The phone has been ringing off the wall, patients attempting to get in,'' Pittman said. But appointments were scarce. When I spoke with her on Thursday, Hope Medical Clinic was the only functioning abortion clinic in the state of Louisiana; the other two remaining clinics were closed due to power outages caused by Hurricane Ida. ''Right now we are booked out three, possibly four weeks just to get in for that first visit,'' Pittman said, noting that a state-mandated waiting period requires patients to come to the clinic twice. ''We're going to see women who are terminating later in the pregnancy than desired because they simply can't get in quickly enough,'' she said. Others, she feared, wouldn't be able to get an abortion at all. ''Of course it's going to be the women who have no money,'' she added. ''It's always the women without the means that suffer the most.''

In the wake of SB 8, which went into effect on Wednesday, many clinics in Texas are still providing abortions for patients up to six-weeks pregnant, or before embryonic cardiac activity can be detected. Everyone else—estimated to be about 85 percent of all abortion patients—is now being referred out of state. As a result, clinics in Oklahoma, Louisiana, New Mexico, Colorado, and Kansas are being inundated with a surge of pregnant people who are racing against the clock for care. Yet, in many of these states, years of constant antiabortion attacks have eroded the existing reproductive health infrastructure, leaving a fragile system that is ill-equipped to absorb the additional demand.

''The second largest state in the country goes dark on a service and everyone else surrounding is trying to support and provide care,'' said Emily Wales, interim president and CEO of Planned Parenthood Great Plains, which covers Arkansas, Kansas, and Oklahoma. Clinics in all three states are seeing an increase in Texas patients, she said, especially in Oklahoma. At the same time, abortion access is under attack there; five new abortion restrictions are set to go into effect on November 1. ''It feels a little bit like it's whack-a-mole right now in trying to beat back what are medically unnecessary requirements to ensure ongoing access,'' Wales said.

While other states have passed similar six-week abortion bans, the Texas law is the only one that has been allowed to go into effect. That's because of the unique way it was drafted. The state does not enforce the law. Instead, SB 8 deputizes regular people to file civil lawsuits against doctors or anyone else who knowingly ''aids or abets'' an abortion. The law appears to have been intentionally designed this way to thwart judicial action.

At Trust Women's clinic in Oklahoma City, which is one of the closest abortion clinics for people in north Texas, abortion appointments are already being booked three weeks into September, just like at Hope Medical Clinic in Louisiana. ''All of our doctors fly in from other states,'' explained Zack Gingrich-Gaylord, communications director for Trust Women. ''We're currently asking them to consider working additional days, but of course, our doctors also practice medicine in their home states as well.'' Trust Women has another clinic in Wichita, Kansas, with slightly more availability, but to get there, Texas patients must travel even further. ''We've already started seeing some of those Texas patients today, and we've got some scheduled tomorrow,'' said Ashley Brink, the Wichita clinic director. ''It's been a really emotional time. A lot of these folks, they're scared, they're confused, they're sad.''

Kristina Tocce, medical director at Planned Parenthood of the Rocky Mountains, said she was seeing the same uptick in Colorado and New Mexico. ''I'm very nervous for patients who need services immediately because this was an immediate hard stop to abortion services in Texas without a clear path for those patients as to where they can go,'' she said. ''Texas is essentially a pre-Roe world now.''

The distance to the nearest clinic is only one of the problems that Texas patients now face, said Alan Braid, the owner and medical director of Alamo Women's Reproductive Services in San Antonio. Many patients are already mothers, and cannot leave their jobs or their children for the length of time needed to access care in another state. Some are undocumented and cannot travel with ease.

''It sounds very easy—oh well, you can't get it in Texas, just go to Oklahoma, New Mexico. But the people that we see—that hourly wage patient, the single mom, the people that don't have the means to travel—it's impossible for them,'' he said. ''That's like saying well, just hop on a plane and, you know, go to France. It's beautiful there, you can get an abortion and then take a walk down the Champs-Élysées.''

Braid, who has been providing abortion care in Texas since he began his OB/GYN internship in 1972, said this was the worst climate he had ever seen for reproductive rights in Texas since before Roe v. Wade. The new law, with its vigilante-enforcement scheme, is spreading fear and distrust. ''You can feel it in the room,'' he said. ''It hangs heavy.'' As a provider, he said, he is usually optimistic that he can support his patients and meet their needs. ''Now, when I walk in the room, I have huge doubts about whether I'm going to be able to help,'' he said. ''I'm not used to that.''

He expressed deep concern about what patients will do to obtain abortions if they can't get one inside Texas when they need it. He still has a powerful memory of three teenagers dying from septic shock and organ failure after obtaining back-alley abortions back when he was an intern in 1972.

''That's where we're headed,'' he said. ''I promise you that people are going to cross the border to Mexico. They're going to self-induce.''

[From the AP News, Sept. 2, 2021]

NEW TEXAS ABORTION LAW PUSHES WOMEN TO OUT-OF-STATE CLINICS

Even before a strict abortion ban took effect in Texas this week, clinics in neighboring states were fielding growing numbers of calls from women desperate for options.

An Oklahoma clinic had received more than double its number of typical inquiries, two-thirds of them from Texas. A Kansas clinic is anticipating a patient increase of up

to 40% based on calls from women in Texas. A Colorado clinic that already had started seeing more patients from other states was preparing to ramp up supplies and staffing in anticipation of the law taking effect.

The Texas law, allowed to stand in a decision Thursday by the U.S. Supreme Court, bans abortions once medical professionals can detect cardiac activity, typically around six weeks. In a highly unusual twist, enforcement will be done by private citizens who can sue anyone they believe is violating the law.

''There's real panic about how are they going to get an abortion within six weeks,'' said Anna Rupani, co-director of Fund Texas Choice, one of several nonprofits that help pay for travel and other expenses for patients seeking out-of-state abortions. ''There's this fear that if I can't get it done in six weeks, I may not be able to get it done because I may not be able to leave my job or my family for more than a day.''

Traveling for an abortion may be impossible for women who would struggle to find child care or take time off work. And for those without legal U.S. status along Texas' southern border, traveling to an abortion clinic also entails the risk of getting stopped at a checkpoint.

Fund Texas Choice is among the groups seeking to expand a network that helps women in Texas and other places with restrictive abortion laws end their pregnancies in other states. It already has seen more women reaching out. The organization typically handles 10 new cases per week but received 10 calls from new clients just Wednesday, when the law took effect.

The phenomenon is not new. Women have been increasingly seeking out-of-state abortions as Republican legislatures and governors have passed ever-tighter abortion laws, particularly in the South. At least 276,000 women terminated their pregnancies outside their home state between 2012 and 2017, according to a 2019 Associated Press analysis of state and federal data.

The trend appears to have accelerated over the past year. Abortion clinics in neighboring states began seeing an uptick in calls from Texas after Gov. Greg Abbott banned abortions in March 2020 for nearly a month under a COVID–19 executive order.

The number of Texans seeking abortions in Planned Parenthood clinics in the Rocky Mountain region, which covers Colorado, New Mexico, Wyoming and southern Nevada, was 12 times higher that month. In California, 7,000 patients came from other states to Planned Parenthood clinics in 2020.

The number of Texans getting abortions in Kansas jumped from 25 in 2019 to 289 last year. The Trust Women clinic in Wichita accounted for 203 of those procedures in a three-month period. Those patients traveled an average of 650 miles (1,000 kilometers), Trust Women spokesman Zack Gingrich-Gaylord said.

''Last year was a dress rehearsal,'' he said, predicting similar numbers under the new Texas law.

One woman discovered she was pregnant just as Abbott's emergency order banning abortions was lifted. She and her partner had lost their jobs in San Antonio during the pandemic.

''We didn't know which way the world was going to go with everything shut down and no change in sight,'' said Miranda, who spoke on the condition that only her first name be used for fear of harassment and intimidation. ''The last thing I wanted to do was be pregnant.''

She struggled to find an abortion clinic that could help her. An online search led her to Fund Texas Choice and the Lilith Fund, another organization that offers financial assistance to Texans seeking abortions. They offered to pay for a flight to New Mexico.

''It's so comforting because it's like someone saying, 'We got you. Let's take care of this together,' '' Miranda said.

Eventually, she found an appointment at a clinic in Dallas, a five-hour drive away. The groups helped with gas and lodging, aid that will be even more important with the new law, Miranda said.

''To be able to help me in a time of need when I had nothing, not even a job—that's something I think a lot of women would benefit from if they knew those options were there,'' she said.

Trust Women Wichita clinic director Ashley Brink said the phones have been busier than normal this week with potential patients from Texas and beyond. Women also have been calling from Louisiana and Alabama who would typically get abortion care in Texas but are having to travel even farther.

The clinic typically sees 40 to 50 abortion patients in a week and now is expecting an additional 15 to 20.

At Trust Women's clinic in Oklahoma City, 80 appointments were scheduled over the past two days, more than double the typical amount, co-executive director Rebecca Tong said. Two-thirds were from Texas, and the earliest opening was three weeks out.

''Oklahoma has just barely enough clinics for the amount of people here,'' Tong said. ''If anyone is thinking, 'Oh, they can just go out of state, it'll be so easy,' a lot of clinics in the Midwest and South, we don't do abortion care five days a week.''

Oklahoma providers also face the potential for abortion restrictions similar to those in Texas in a matter of months.

In recent months, 15% of patients supported by Cobalt, an abortion access advocacy group in Colorado, were from out of state, president Karen Middleton said. She expects that number to keep rising.

The group administers a fund to cover the cost of the procedure, travel, lodging and meals. It began preparing for a potential influx of patients from Texas several weeks ago.

''We reached out to everyone who provides abortion care in the state of Colorado,'' Middleton said. ''We asked them to be ready and to let us know if they could handle increased capacity.''

Traveling for the procedure may still be out of reach for some. Women without legal U.S. status might turn to abortion medication, said Diana Gomez, advocacy manager with Progress Texas, though even that option is in question.

Several Republican-led states have passed laws making it harder to access the pills and banning prescriptions through virtual health visits. Texas is considering similar restrictions, which could force women to get pills by mail for do-it-yourself abortions or other methods.

''They are going to have to go underground and find alternative means in our state,'' Gomez said.

[From TIME, Sept. 23, 2021]

FLORIDA LAWMAKER PROPOSES ABORTION BAN THAT MIMICS TEXAS SB–8 LAW

A Florida legislator has proposed banning most abortions in the state and allowing lawsuits against doctors who violate it, mirroring a Texas law that instituted the strictest abortion restrictions in the U.S.

It wasn't immediately clear how much support the bill would garner. The Republican-controlled Florida legislature has shown significant support for tighter abortion policies, but Governor Ron DeSantis said he hadn't reviewed this specific proposal and the GOP House speaker was similarly noncommittal on Wednesday.

The bill, proposed by state Representative Webster Barnaby, a Republican, would require doctors in Florida to perform tests to determine if a fetus has a detectable heartbeat before performing an abortion.

If a physician detects a heartbeat, according to the bill, abortion would be prohibited. The measure also would allow doctors to be sued if suspected of performing an abortion after detecting a heartbeat, matching a powerful provision in the Texas law, known as Senate Bill Eight, or SB–8.

The bill appeared to be a clear example of a Texas copycat law in another large, GOP-controlled state. In the days after the Texas law took effect, abortion clinics turned away hundreds of patients. It was seen by abortion-rights supporters as an end-run around Roe v. Wade, the 1973 Supreme Court decision that has been the foundation of abortion rights in the U.S. ever since.

Florida's Republican House Speaker Chris Sprowls said through a spokesman that he supported stricter abortion restrictions, but said that any bill brought to the floor would have to withstand judicial scrutiny.

''We look forward to bringing to the Floor a bill that saves every unborn life possible,'' he said. ''I have asked House Judiciary Committee Chairwoman Erin Grall and House Health & Human Services Chairwoman Colleen Burton to review the various proposals, look at other ideas, and take point on this issue this Session.''

Still, the Florida proposal sparked immediate condemnation from abortion rights advocates, who called legislation unconstitutional and part of a flurry of harsh restrictions on women's rights.

''We are horrified to see anti-choice politicians in Florida following in Texas' footsteps, and there's no question that lawmakers hostile to reproductive freedom in other states will do the same,'' Adrienne Kimmell, acting president of Naral Pro-Choice America, said in a statement.

Early this month, a sharply divided U.S. Supreme Court refused to block the Texas law, which outlaws most abortions after six weeks of pregnancy. SB–8, bars abortion after a fetal heartbeat can be detected and puts clinics at risk of being shut down if they are found to be in violation.

Asked about Barnaby's bill on Wednesday in Kissimmee, Desantis said he considered his record ''100% pro-life'' but added that he had not seen it.

Desantis, a Republican seen as a potential presidential candidate, has rejected coronavirus mask mandates and so-called vaccine passports, saying his position is largely about an individual's right to determine their healthcare choices. He said Wednesday that the abortion question was different because ''another life is at stake.''

Democratic candidates vying to replace Desantis in the 2022 election firmly opposed the legislation.

''This is a direct attack on a woman's right to choose,'' Charlie Crist, a former governor, said on Twitter. ''We're going to have to fight tooth and nail to protect reproductive freedom.''

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

Ms. DEGETTE. Madam Speaker, I am ready to close, whenever the gentlewoman is ready. I reserve the balance of my time.

□ 1045

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. VAN DUYNE), who is a champion for life.

Ms. VAN DUYNE. Madam Speaker, years ago, I, like many women, suffered a miscarriage. I should have been able to hold my son in my arms, but that was not God's plan. Years later, I still grieve that loss—and not the loss of a generic cluster of cells, but an actual baby who would have been about this size. My son had his own unique set of DNA, fingerprints, blood type, and a heartbeat—every marker that we use to identify a human being.

Pregnancy is difficult on a policy and personal level, but to deny that a child growing inside a woman is nothing more than an inconvenience is to ignore the value of life. Losing a child changed who I was, and it is the same for most women. We can't pretend that this loss doesn't have lifelong consequences.

Instead of promoting ways for women to end their pregnancies, we should be helping expectant mothers find the medical, emotional, and financial support they need. But that has never been the Democrats' focus. The party that claims to protect women is actively supporting policies that devalue the lives of women and children across the globe. Their policies have turned the human trafficking of children into a multibillion dollar industry and supported a terrorist regime since Afghanistan's takeover that went from educating and valuing the contribution of women to whipping them in the streets.

This bill is called the Women's Health Protection Act. But make no mistake, Madam Speaker, no woman is protected under this bill. Rather, it authorizes killing for the sake of convenience. Innocent human lives are either valued or they are not. This bill is merely another example of the dehumanizing policy platform the Democrats have adopted. America is founded on the protection of life.

Madam Speaker, as a Texas woman, a mother, and an American, I encourage the Chamber to reject this barbaric bill and embrace life.

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

Mrs. RODGERS of Washington. Madam Speaker, I yield 2 minutes to the gentlewoman from Louisiana (Ms. LETLOW), who is the 31st pro-life Congresswoman.

Ms. LETLOW. Madam Speaker, I rise to offer an amendment to this bill.

However, before I talk about the amendment, I think it is important for the House to note that the legislation before us is perhaps the most extreme abortion measure that Congress has ever considered. It will overturn countless protections for the unborn that States have already put into place, including those in my home State of Louisiana.

As both a woman and, most importantly, a mother of two children, I feel uniquely qualified to speak about this issue. I have experienced firsthand the miracle of life and know the incredible intricacy of how a child is formed in the womb. Intimately knowing the special bond that grows between a mother and a child over those 9 months, I do not understand how we can pass this bill, a law that will allow an abortion to be performed up until the actual moment of birth, despite the fact that the child has a fully developed heart and can feel pain.

The amendment I am bringing forward is the text of the Born-Alive Abortion Survivors Protection Act in which my distinguished colleague from Missouri, ANN WAGNER, has been an outstanding leader.

This amendment is simple, straightforward, and the right thing to do. It would ensure that newborn children who survive an abortion are given the same crucial, lifesaving medical care that any infant would receive.

The most transformational moment in my life was when I held my two children in my arms for the first time. I have always considered myself to be pro-life, but I never truly understood the sanctity of life until that moment. I can't image why anybody would intentionally deny a precious child taking his first beautiful, beautiful breaths of life the very care that would keep them alive.

This language has received bipartisan support in the past, and I hope my colleagues across the aisle will join us in voting in favor of this important measure that will truly save the lives of countless children.

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

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

There was no objection.

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

Mrs. RODGERS of Washington. Madam Speaker, I urge all of my colleagues to stop this bill. Open your minds to science and technology. Look and see the mysteries of the mother's womb. Open your ears to the cries of the unborn. May hearts break, and may we celebrate life—life in the United States of America—life for the living and the unborn.

Vote ''no.''

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

Ms. DEGETTE. Madam Speaker, I would like to thank JUDY CHU, the author of this legislation who has been fighting tirelessly for years, also BARBARA LEE, my co-chair of the Pro-Choice Caucus, and to all of our colleagues who value Americans' freedoms and the freedom of women to have the full range of healthcare that they need.

This bill codifies the content of the law of the land, Roe v. Wade, no more and no less.

The overheated and incorrect rhetoric on the other side of the aisle is shameful. It is shameful because it denies the freedom of all Americans to get the healthcare services that they need and to which they are entitled.

Madam Speaker, we are a country of freedom, and we are a country of freedom of religion. As a practicing Christian, I am offended by the efforts on the other side of the aisle for people to impose their—their personal—religious views on me as a Christian.

Every woman and every man in this country deserves the freedom to exercise their religion and also to exercise their ability to get the healthcare that they need.

For more than 50 years, as so many of my wonderful colleagues said, women across this country have had the right to get the abortion care they need because of a landmark decision made right across the street. But that right is being severely undermined in States across the country like Texas, Mississippi, and other States.

For people in Texas and these other States, 50 years of precedent and healthcare access is being undermined as we speak. There are more than 500 laws that have been introduced in States across this country that would restrict the ability of Americans to get the healthcare that they need and deserve. As a result, more than 90 percent of American counties no longer have abortion clinics. Some people might think that is good, but the vast majority of Americans believe that it is the choice of a woman and her healthcare provider about what healthcare she should receive.

So today, if the Justices across the street won't act to protect this freedom of healthcare, this House of Representatives will.

I will say it again: the decision of a woman to have an abortion should be made between her and her doctor. The last thing the women in this country want is a bunch of politicians in Washington, D.C., or in Austin, Texas, or someone else telling them what their healthcare should be.

So, therefore, let's codify Roe v. Wade. Let's codify these rights. Let's stop the histrionics and inaccurate rhetoric. Let's oppose the motion to recommit. Let's support this wonderful bill, the Women's Health Protection Act.

Madam Speaker, I urge all of my colleagues to vote ''yes'', and I yield back the balance of my time.

Mr. ISSA. Madam Speaker, I rise today to urge my colleagues and this House to oppose H.R. 3755. This legislation overrides nearly all pro-life protections on the books and codifies a federal right to abortion at any stage of pregnancy until birth. This bill isn't just misleading. It's a radical departure from the national consensus that exists in America right now in favor of life. But if H.R. 3755 goes forward, laws that protect unborn children with Down Syndrome and babies with other disabilities go away everywhere. Laws allow parents to be involved in their minor children's decision-making disappear. Laws that provide for medical consultations prior to this procedure—

gone. This isn't just politics as usual. It's a power play that targets the powerless. It should never come to this. There is a common-sense consensus on this issue. A great majority of the American people want to see life protected. This is worth the fight. This is the time to stand up for our most vulnerable. This is the time to reach for what matters most. This is the time to choose life. H.R. 3755 must not become law of the land.

Ms. ADAMS. Madam Speaker, I want to amplify the voice of Calla Hales, a woman in my district who is both an abortion care provider, and a mother.

''Last year, I made the choice to have a child with my husband.

What I didn't choose was prenatal checkups with COVID precautions. I didn't choose the complications I had during my pregnancy. I didn't choose delivering my amazing baby girl without my family because the pandemic limited the visitors in the maternity ward.

I didn't choose worrying every day if she would be safe from the coronavirus, despite her pulmonary issues.

I am proud of the choice that I made, in spite of everything that's gone wrong over the past two years.

But no one should ever be forced to make that choice. No person should be forced to carry a pregnancy to term, during a global pandemic, or any other time.''

Ms. CASTOR of Florida. Madam Speaker, I rise in strong support of H.R. 3755, the Women's Health Protection Act. I want to thank my colleague Rep. JUDY CHU for leading the charge on this important legislation to protect the full range of health care, including abortion.

Every American deserves to live a safe and healthy life, and that means ensuring that everyone has access to the health services they need including contraceptives, checkups, abortion care, cancer screenings, pre-natal visits and more. The full range of health care. But too often in America access to high-quality, affordable health care has been limited due to racial disparities or economic disparities or where someone lives.

I'm really proud of what Democrats have done over the decades to improve the lives of American families and improve their health care, Medicare, Medicaid, the Affordable Care Act and children's health insurance, but we're in a moment in time where there's a radical fringe trying to take over these decisions.

We must remember that the decision about when, whether or how to become a parent is a deeply personal life decision. It's a decision for a person and their family; it is not a decision for politicians in Washington or in state capitols across this country. Americans do not want to outsource these important fundamental life decisions to politicians. And I hope we can agree that we should not treat people differently just because they are working to make ends meet, or because of the color of their skin or where they live. As fundamental human dignity means being able to make decisions about your pathway in life, being able to determine your own pathway in life for yourself, not have it be made by some politician. I have to say it is so alarming to see this radical move by Republicans in Congress and in the recent extreme new law in Texas that would effectively ban abortion.

For too long, we have seen Republicans across this country attack family planning and reproductive health care, including abortion and contraceptives. It's radical and it's wrong.

Well good news, we are going to do our job as members of Congress today to put people's health, safety and real needs first. We've got to ensure that all people no matter who they are, where they live and how much they make and the color of their skin, have access to reproductive health care—including abortion—that they need, and they deserve.

I urge my colleagues to make health care accessible to all Americans by supporting H.R. 3755.

Mr. LATTA. Madam Speaker, the Women's Health Protection Act (H.R. 3755)—otherwise known as the Abortion on Demand Act—is an extreme measure that would impose abortion on demand nationwide, at any stage of pregnancy, through federal statute. This would result in the elimination of every state's pro-life laws and protections. Overriding state pro-life laws and prohibiting states from enacting legislation protecting unborn children would make protections for babies with Down syndrome and other disabilities illegal. Plain and simple, this legislation is extreme.

This legislation is radically out of step with the American public, who do not support abortions with no limits. According to the Associated Press, 80 percent of Americans say abortion should be illegal in the third trimester.

This bill would create a national standard to allow for abortions of unborn children for any reason and at any stage of pregnancy up until birth. A better and more accurate name for this bill would be the Abortion on Demand until Birth Act—because it is clear the focus of this bill is not protecting women's health like the current name suggests.

Abortion ends the life of a whole, separate, unique, living human being. Tragically, abortion continues to put women in danger, takes the life of innocent children, and fails to recognize the dignity of all lives, regardless of how small. I adamantly oppose this legislation and any legislation that fails to protect the unborn.

Ms. MOORE of Wisconsin. Madam Speaker, abortion care is healthcare.

The Women's Health Protection Act protects the right of healthcare providers to provide abortion care free from undue burdens.

This bill is needed now more than ever with Texas creating the harshest most inhumane abortion ban. And for all the men in this room—that is one missed period. One.

And frankly, I'm old enough to remember what this country looked like before Roe . . .

Such draconian laws disproportionally impact Black, indigenous, LGBTQ+ individuals, and especially those experiencing domestic violence and sexual assault.

Abortion care is essential. Period.

The SPEAKER pro tempore (Ms. JACKSON LEE). All time for debate has expired.

Pursuant to House Resolution 667, 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. LETLOW. 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. Letlow moves to recommit the bill H.R. 3755 to the Committee on Energy and Commerce.

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

At the end of the bill, add the following new section:

SECTION 10. BORN-ALIVE ABORTION SURVIVORS PROTECTION.

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

(b) FINDINGS; CONSTITUTIONAL AUTHORITY.—

(1) FINDINGS.—Congress finds as follows:

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

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

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

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

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

(c) BORN-ALIVE INFANTS PROTECTION.—

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

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

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

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

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

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

''(2) MANDATORY REPORTING OF VIOLATIONS.—A health care practitioner or any employee of a hospital, a physician's office, or an abortion clinic who has knowledge of a failure to comply with the requirements of paragraph (1) shall immediately report the failure to an appropriate State or Federal law enforcement agency, or to both.

''(b) PENALTIES.—

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

''(2) INTENTIONAL KILLING OF CHILD BORN ALIVE.—Whoever intentionally performs or attempts to perform an overt act that kills

a child born alive described under subsection (a), shall be punished as under section 1111 of this title for intentionally killing or attempting to kill a human being.

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

''(d) CIVIL REMEDIES.—

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

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

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

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

''(C) punitive damages.

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

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

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

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

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

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

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

''(ii) to remove a dead unborn child.

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

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

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

(3) CHAPTER HEADING AMENDMENTS.—

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

(B) TABLE OF CHAPTERS FOR PART I.—The item relating to chapter 74 in the table of chapters at the beginning of part I of title 18, United States Code, is amended by striking ''Partial-Birth Abortions'' and inserting ''Abortions''.

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

The question is on the motion to recommit.

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

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

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

The vote was taken by electronic device, and there were—yeas 210, nays 219, not voting 2, as follows:

[Roll No. 294]

YEAS—210

Aderholt
Allen
Amodei
Armstrong
Arrington
Babin
Bacon
Baird
Balderson
Banks
Barr
Bentz
Bergman
Bice (OK)
Biggs
Bilirakis
Bishop (NC)
Boebert
Bost
Brady
Brooks
Buchanan
Buck
Bucshon
Budd
Burchett
Burgess
Calvert
Cammack
Carl
Carter (GA)
Carter (TX)
Cawthorn
Chabot
Cline
Cloud
Clyde
Cole
Comer
Crawford
Crenshaw
Curtis
Davidson
Davis, Rodney
DesJarlais
Diaz-Balart
Donalds
Duncan
Dunn
Ellzey
Emmer
Estes
Fallon
Feenstra
Ferguson
Fischbach
Fitzgerald
Fitzpatrick
Fleischmann
Fortenberry
Foxx
Franklin, C. Scott
Fulcher
Gaetz
Gallagher
Garbarino
Garcia (CA)
Gibbs
Gimenez
Gohmert
Gonzales, Tony
Gonzalez (OH)
Good (VA)
Gooden (TX)
Gosar
Granger
Graves (LA)
Graves (MO)
Green (TN)
Greene (GA)
Griffith
Grothman
Guest
Guthrie
Hagedorn
Harris
Harshbarger
Hartzler
Hern
Herrell
Herrera Beutler
Hice (GA)
Higgins (LA)
Hill
Hinson
Hollingsworth
Hudson
Huizenga
Issa
Jackson
Jacobs (NY)
Johnson (LA)
Johnson (OH)
Johnson (SD)
Jordan
Joyce (OH)
Joyce (PA)
Katko
Keller
Kelly (MS)
Kelly (PA)
Kim (CA)
Kinzinger
Kustoff
LaHood
LaMalfa
Lamborn
Latta
LaTurner
Letlow
Long
Loudermilk
Lucas
Luetkemeyer
Mace
Malliotakis
Mann
Massie
Mast
McCarthy
McCaul
McClain
McClintock
McHenry
McKinley
Meijer
Meuser
Miller (IL)
Miller (WV)
Miller-Meeks
Moolenaar
Mooney
Moore (AL)
Moore (UT)
Mullin
Murphy (NC)
Nehls
Newhouse
Norman
Nunes
Obernolte
Owens
Palazzo
Palmer
Pence
Perry
Pfluger
Posey
Reed
Reschenthaler
Rice (SC)
Rodgers (WA)
Rogers (AL)
Rogers (KY)
Rose
Rosendale
Rouzer
Roy
Rutherford
Salazar
Scalise
Schweikert
Scott, Austin
Sessions
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smucker
Spartz
Stauber
Steel
Stefanik
Steil
Steube
Stewart
Taylor
Tenney
Thompson (PA)
Tiffany
Timmons
Turner
Upton
Valadao
Van Drew
Van Duyne
Wagner
Walberg
Walorski
Waltz
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams (TX)
Wilson (SC)
Wittman
Womack
Young
Zeldin

NAYS—219

Adams
Aguilar
Allred
Auchincloss
Axne
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Bourdeaux
Bowman
Boyle, Brendan F.
Brown
Brownley
Bush
Bustos
Butterfield
Carbajal
Cárdenas
Carson
Carter (LA)
Cartwright
Case
Casten
Castor (FL)
Castro (TX)
Chu
Cicilline
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Cohen
Connolly
Cooper
Correa
Costa
Courtney
Craig
Crist
Crow
Cuellar
Davids (KS)
Davis, Danny K.
Dean
DeFazio
DeGette
DeLauro
DelBene
Delgado
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Escobar
Eshoo
Espaillat
Evans
Fletcher
Foster
Frankel, Lois
Gallego
Garamendi
García (IL)
Garcia (TX)
Golden
Gomez
Gonzalez, Vicente
Gottheimer
Green, Al (TX)
Grijalva
Harder (CA)
Hayes
Higgins (NY)
Himes
Horsford
Houlahan
Hoyer
Huffman
Jackson Lee
Jacobs (CA)
Jayapal
Jeffries
Johnson (GA)
Johnson (TX)
Jones
Kahele
Kaptur
Keating
Kelly (IL)
Khanna
Kildee
Kilmer
Kim (NJ)
Kind
Kirkpatrick
Krishnamoorthi
Kuster
Lamb
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee (CA)
Lee (NV)
Leger Fernandez
Levin (CA)
Levin (MI)
Lieu
Lofgren
Lowenthal
Luria
Lynch
Malinowski
Maloney, Carolyn B.
Maloney, Sean
Manning
Matsui
McBath
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Mfume
Moore (WI)
Morelle
Moulton
Mrvan
Murphy (FL)
Nadler
Napolitano
Neal
Neguse
Newman
Norcross
O'Halleran
Ocasio-Cortez
Omar
Pallone
Panetta
Pappas
Pascrell
Payne
Perlmutter
Peters
Phillips
Pingree
Pocan
Porter
Pressley
Price (NC)
Quigley
Raskin
Rice (NY)
Ross
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan
Sánchez
Sarbanes
Scanlon
Schakowsky
Schiff
Schneider
Schrader
Schrier
Scott (VA)
Scott, David
Sewell
Sherman
Sherrill
Sires
Slotkin
Smith (WA)
Soto
Spanberger
Speier
Stansbury
Stanton
Stevens
Strickland
Suozzi
Swalwell
Takano
Thompson (CA)
Thompson (MS)
Titus
Tlaib
Tonko
Torres (CA)
Torres (NY)
Trahan
Trone
Underwood
Vargas
Veasey
Vela
Velázquez
Wasserman Schultz
Waters
Watson Coleman
Welch
Wexton
Wild
Williams (GA)
Wilson (FL)
Yarmuth

NOT VOTING—2

Cheney
Lesko

□ 1125

Mses. SPEIER, LEGER FERNANDEZ, Mrs. CAROLYN B. MALONEY of New York, Mses. CLARK of Massachusetts, HOULAHAN, Messrs. GOMEZ, TRONE, Ms. KUSTER, Mr. DELGADO, Mses. JAYAPAL and SPANBERGER changed their vote from ''yea'' to ''nay.''

Mrs. GREENE of Georgia and Mr. RODNEY DAVIS of Illinois changed their vote from ''nay'' to ''yea.''

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Babin (Nehls)
Boyle, Brendan F. (Jeffries)
Carter (GA) (Rodgers (WA))
Carter (TX) (Calvert)
Craig (McCollum)
DeSaulnier (Thompson (CA))
DesJarlais (Fleischmann)
Escobar (Garcia (TX))
Frankel, Lois (Clark (MA))
Fulcher (Johnson (OH))
Gaetz (Greene (GA))
Gallego (Gomez)
Gimenez (Waltz)
Gonzalez (OH) (Timmons)
Gosar (Boebert)

Grijalva (García (IL))
Higgins (NY) (Tonko)
Himes (Hayes)
Johnson (TX) (Jeffries)
Kim (NJ) (Underwood)
Kirkpatrick (Levin (CA))
Larson (CT) (DeLauro)
Latta (Walberg)
Lawson (FL) (Evans)
Levin (MI) (Raskin)
McEachin (Wexton)
McHenry (Banks)
Meng (Jeffries)
Morelle (Tonko)
Napolitano (Correa)
Neal (McGovern)
Payne (Wasserman Schultz)
Perlmutter (Neguse)
Peters (Rice (NY))
Porter (Wexton)
Reschenthaler (Meuser)
Rice (SC) (Timmons)
Rush (Underwood)
Ryan (Kildee)
Sewell (Cicilline)
Sires (Pallone)
Stanton (Levin (CA))
Stefanik (Miller-Meeks)
Steube (Franklin, Scott C.)
Strickland (Torres (NY))
Wagner (Walorski)
Wilson (FL) (Hayes)

The SPEAKER pro tempore (Ms. LEE of California). The question is on the passage of the bill.

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

Mrs. RODGERS of Washington. Madam Speaker, on that I demand the yeas and nays.

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

The vote was taken by electronic device, and there were—yeas 218, nays 211, not voting 3, as follows:

[Roll No. 295]

YEAS—218

Adams
Aguilar
Allred
Auchincloss
Axne
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Bourdeaux
Bowman
Boyle, Brendan F.
Brown
Brownley
Bush
Bustos
Butterfield
Carbajal
Cárdenas
Carson
Carter (LA)
Cartwright
Case
Casten
Castor (FL)
Castro (TX)
Chu
Cicilline
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Cohen
Connolly
Cooper
Correa
Costa
Courtney
Craig
Crist
Crow
Davids (KS)
Davis, Danny K.
Dean
DeFazio
DeGette
DeLauro
DelBene
Delgado
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Escobar
Eshoo
Espaillat
Evans
Fletcher
Foster
Frankel, Lois
Gallego
Garamendi
García (IL)
Garcia (TX)
Golden
Gomez
Gonzalez, Vicente
Gottheimer
Green, Al (TX)
Grijalva
Harder (CA)
Hayes
Higgins (NY)
Himes
Horsford
Houlahan
Hoyer
Huffman
Jackson Lee
Jacobs (CA)
Jayapal
Jeffries
Johnson (GA)
Johnson (TX)
Jones
Kahele
Kaptur
Keating
Kelly (IL)
Khanna
Kildee
Kilmer
Kim (NJ)
Kind
Kirkpatrick
Krishnamoorthi
Kuster
Lamb
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee (CA)
Lee (NV)
Leger Fernandez
Levin (CA)
Levin (MI)
Lieu
Lofgren
Lowenthal
Luria
Lynch
Malinowski
Maloney, Carolyn B.
Maloney, Sean
Manning
Matsui
McBath
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Mfume
Moore (WI)
Morelle
Moulton
Mrvan
Murphy (FL)
Nadler
Napolitano
Neal
Neguse
Newman
Norcross
O'Halleran
Ocasio-Cortez
Omar
Pallone
Panetta
Pappas
Pascrell
Payne
Pelosi
Perlmutter
Peters
Phillips
Pingree
Pocan
Porter
Pressley
Price (NC)
Quigley
Raskin
Rice (NY)
Ross
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan
Sánchez
Sarbanes
Scanlon
Schakowsky
Schiff
Schneider
Schrader
Schrier
Scott (VA)
Scott, David
Sewell
Sherman
Sherrill
Sires
Slotkin
Smith (WA)
Soto
Spanberger
Speier
Stansbury
Stanton
Stevens
Strickland
Suozzi
Swalwell
Takano
Thompson (CA)
Thompson (MS)
Titus
Tlaib
Tonko
Torres (CA)
Torres (NY)
Trahan
Trone
Underwood
Vargas
Veasey
Vela
Velázquez
Wasserman Schultz
Waters
Watson Coleman
Welch
Wexton
Wild
Williams (GA)
Wilson (FL)
Yarmuth

NAYS—211

Aderholt
Allen
Amodei
Armstrong
Arrington
Babin
Bacon
Baird
Balderson
Banks
Barr
Bentz
Bergman
Bice (OK)
Biggs
Bilirakis
Bishop (NC)
Boebert
Bost
Brady
Brooks
Buchanan
Buck
Bucshon
Budd
Burchett
Burgess
Calvert
Cammack
Carl
Carter (GA)
Carter (TX)
Cawthorn
Chabot
Cline
Cloud
Clyde
Cole
Comer
Crawford
Crenshaw
Cuellar
Curtis
Davidson
Davis, Rodney
DesJarlais
Diaz-Balart
Donalds
Duncan
Dunn
Ellzey
Emmer
Estes
Fallon
Feenstra
Ferguson
Fischbach
Fitzgerald
Fitzpatrick
Fleischmann
Fortenberry
Foxx
Franklin, C. Scott
Fulcher
Gaetz
Gallagher
Garbarino
Garcia (CA)
Gibbs
Gimenez
Gohmert
Gonzales, Tony
Gonzalez (OH)
Good (VA)
Gooden (TX)
Gosar
Granger
Graves (LA)
Graves (MO)
Green (TN)
Greene (GA)
Griffith
Grothman
Guest
Guthrie
Hagedorn
Harris
Harshbarger
Hartzler
Hern
Herrell
Herrera Beutler
Hice (GA)
Higgins (LA)
Hill
Hinson
Hollingsworth
Hudson
Huizenga
Issa
Jackson
Jacobs (NY)
Johnson (LA)
Johnson (OH)
Johnson (SD)
Jordan
Joyce (OH)
Joyce (PA)
Katko
Keller
Kelly (MS)
Kelly (PA)
Kim (CA)
Kinzinger
Kustoff
LaHood
LaMalfa
Lamborn
Latta
LaTurner
Letlow
Long
Loudermilk
Lucas
Luetkemeyer
Mace
Malliotakis
Mann
Massie
Mast
McCarthy
McCaul
McClain
McClintock
McHenry
McKinley
Meijer
Meuser
Miller (IL)
Miller (WV)
Miller-Meeks
Moolenaar
Mooney
Moore (AL)
Moore (UT)
Mullin
Murphy (NC)
Nehls
Newhouse
Norman
Nunes
Obernolte
Owens
Palazzo
Palmer
Pence
Perry
Pfluger
Posey
Reed
Reschenthaler
Rice (SC)
Rodgers (WA)
Rogers (AL)
Rogers (KY)
Rose
Rosendale
Rouzer
Roy
Rutherford
Salazar
Scalise
Schweikert
Scott, Austin
Sessions
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smucker
Spartz
Stauber
Steel
Stefanik
Steil
Steube
Stewart
Taylor
Tenney
Thompson (PA)
Tiffany
Timmons
Turner
Upton
Valadao
Van Drew
Van Duyne
Wagner
Walberg
Walorski
Waltz
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams (TX)
Wilson (SC)
Wittman
Womack
Young
Zeldin

NOT VOTING—3

Cheney
Lawson (FL)
Lesko

□ 1153

Mr. CHABOT changed his vote from ''yea'' to ''nay.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Mr. LAWSON of Florida. Madam Speaker, the Member, who is my designated proxy, did not submit my vote as instructed on September 24, 2021. Had I been present, I would have voted ''yea'' on rollcall No. 295, passage of H.R. 3755, the Women's Health Protection Act.

PERSONAL EXPLANATION

Ms. CHENEY. Madam Speaker, on Friday, September 24, 2021, I was attending a funeral in Wyoming and was absent for votes. Had I been present, I would have voted: yea on rollcall No. 294 and nay on rollcall No. 295.

PERSONAL EXPLANATION

Mrs. LESKO. Madam Speaker, had I been present, I would have voted ''yea'' on rollcall No. 294 and ''nay'' on rollcall No. 295.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

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Escobar (Garcia (TX))
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Gaetz (Greene (GA))
Gallego (Gomez)
Gimenez (Waltz)
Gonzalez (OH) (Timmons)
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Neal (McGovern)
Payne (Wasserman Schultz)
Perlmutter (Neguse)
Peters (Rice (NY))
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Reschenthaler (Meuser)
Rice (SC) (Timmons)
Rush (Underwood)
Ryan (Kildee)
Sewell (Cicilline)
Sires (Pallone)
Stanton (Levin (CA))
Stefanik (Miller-Meeks)
Steube (Franklin, Scott C.)
Strickland (Torres (NY))
Wagner (Walorski)
Wilson (FL) (Hayes)

□ 1200

LEGISLATIVE PROGRAM

(Mr. SCALISE asked and was given permission to address the House for 1 minute.)

Mr. SCALISE. Mr. Speaker, I rise to inquire of the majority leader the schedule for next week.

Mr. Speaker, I yield formally to the gentleman from Maryland (Mr. HOYER), my friend, the majority leader.

Mr. HOYER. Mr. Speaker, on Monday, the House will meet at 12 p.m. for morning-hour and 2 p.m. for legislative business, with votes postponed until 6:30 p.m.

On Tuesday, Wednesday, and Thursday, the House will meet at 10 a.m. for morning-hour and 12 p.m. for legislative business.

On Friday, the House will meet at 9 a.m. for legislative business.

Mr. Speaker, the House will consider several bills under suspension of the rules. The complete list of suspension bills will be announced by the close of business today.

Mr. Speaker, the Budget Committee has announced a markup for the Build