

This should scare every single Member of this House. Ninety-three nations have signed the Treaty on the Prohibition of Nuclear Weapons, which entered into force 3 years ago on January 22, 2021. In my opinion, it is disappointing that the United States has not yet signed. The world is calling on us to end the threat of nuclear war, not enable it.

Mr. Speaker, we need to reverse direction, get back to the negotiating table, and move toward agreements to end the threat of nuclear weapons once and for all.

TEAM ALABAMA WORKING TOGETHER

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

Mr. CARL. Mr. Speaker, unfortunately it often takes tragic events to bring us all together.

Last week, a tornado ripped through Cottonwood, Alabama, and it basically destroyed the entire town of about 1,200 people. This weekend, I had the opportunity to visit with the folks in Cottonwood and to see how I could help.

Small communities like this don't have the resources that other big cities have to recover from a storm. The community has to come together to rebuild their homes and their community, and that is exactly what Cottonwood is doing. It is very moving to see everyone come together and to help each other. This is what the Alabama family is truly all about.

I am grateful today and every day to be part of Team Alabama working together at the local, State, and Federal level to rebuild our storm-damaged communities and begin to return to normalcy.

KEEP THE GOVERNMENT OPEN

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

Ms. BARRAGÁN. Mr. Speaker, Americans want Congress to focus on lowering costs and growing the middle class, but extreme MAGA Republicans continue to create one crisis after the next.

The bare minimum is for Congress to keep the government open, yet Republicans have repeatedly threatened government shutdowns. Republicans want a shutdown unless they get harsh and ineffective border policy changes.

They are willing to hold hostage pay for our troops. At the same time, Republicans have rejected billions in funding from President Biden to help secure the border and to create a more orderly process. Republicans prefer to play politics rather than solve problems.

This week, Democrats will once again provide the majority of votes to

keep the government open. Democrats are here to do our job and put people over politics. We need to keep the government open so that American families are not hurt by Republicans' failure to govern.

RECOGNIZING ROGER BAKER

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

Mr. MILLER of Ohio. Mr. Speaker, I rise today to recognize Roger Baker for his many years of service to the Ohio Farm Bureau.

This tireless advocate served 12 years as the District 8 State trustee on the Ohio Farm Bureau, representing the counties of Wayne, Medina, Ashland, and Summit.

Mr. Baker is a wealth of knowledge and a champion for agriculture. I can personally attest that he has been invaluable as I carry out my role on the House Agriculture Committee to reflect challenges of Ohio agriculture. Those lucky enough to know him can attest to his passion and dedication to his field.

Even though Mr. Baker's tenure on the Ohio Farm Bureau Board of Trustees has come to an end, I do not doubt that he will continue advocating for Ohio agriculture, and I am thankful for his service on our Ohio 7 agricultural advisory council.

There is no question that the farm community in Ohio has benefited from the farm efforts of Roger Baker.

Mr. Baker's years of dedicated work have helped Ohio's farmers feed the world. I thank Mr. Baker for his dedication to our community.

ALBERTSONS-KROGER MERGER

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

Mrs. PELTOLA. Mr. Speaker, I rise today to defend Alaska's rights to affordable groceries, which are under threat from a corporate mega-merger.

The Albertsons-Kroger merger would combine Alaska's two largest grocery stores. Many of our communities just have two grocers, a Carrs-Safeway and a Fred Meyer, often across the street, whether it is Airport Way in Fairbanks or the Sterling Highway in Soldotna.

If they merge, 14 of these stores will be sold to a company that has never operated in Alaska. That matters.

Alaska is a remote State with one-of-a-kind logistical challenges. We know what happened in the 1999 Carrs-Safeway merger, when a new operator had to close its stores after barely a year. Alaskans got higher prices and fewer choices.

We won't be ignored this time. We are asking the Federal Trade Commission to listen to our voices, stop this merger, and protect our access to food and jobs.

As the FTC meets this week, Alaskans will be speaking up, asking them to do the right thing and listen to those who have the most to lose.

□ 1215

MAUI COUNTY HOUSING PLAN

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

Ms. TOKUDA. Mr. Speaker, for so many of our Maui "'ohana," "family," stable housing for their families and the ability to manage mortgages for lost homes keep them up at night.

Earlier this month, the State of Hawaii, Maui County, FEMA, and various philanthropic organizations announced a \$500 million interim housing plan to move thousands of families still living in hotels into stable, long-term housing by July 1 of this year. \$250 million of this critical funding is coming directly from FEMA.

Of all the ways that this plan will seek to provide some stability for "keikis," "children," and "kupuna," "elders," who lost everything, the most critical and urgent are the investments that will be made in more permanent developments.

We need shovels in the ground now, and I strongly encourage FEMA to lean into their plans to build modular homes that will house up to 500 households.

In talking with constituents and Maui Mayor Bissen, we must also focus immediately on identifying options to help survivors with their mortgages. Absent options, our people will feel they have no choice but to leave Lahaina. As I have said before, Lahaina is not Lahaina without her people.

PROVIDING FOR CONSIDERATION OF H.R. 6914, PREGNANT STUDENTS' RIGHTS ACT; PROVIDING FOR CONSIDERATION OF H.R. 6918, SUPPORTING PREGNANT AND PARENTING WOMEN AND FAMILIES ACT; AND PROVIDING FOR CONSIDERATION OF H. RES. 957, DENOUNCING THE BIDEN ADMINISTRATION'S OPEN-BORDERS POLICIES, CONDEMNING THE NATIONAL SECURITY AND PUBLIC SAFETY CRISIS ALONG THE SOUTHWEST BORDER, AND URGING PRESIDENT BIDEN TO END HIS ADMINISTRATION'S OPEN-BORDERS POLICIES

Mrs. FISCHBACH. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 969 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 969

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6914) to require institutions of higher education to disseminate information on the rights of, and accommodations and resources for, pregnant students,

and for other purposes. All points of order against consideration of the bill are waived. The amendment in the nature of a substitute recommended by the Committee on Education and the Workforce now printed in the bill shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce or their respective designees; and (2) one motion to recommit.

SEC. 2. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6918) to prohibit the Secretary of Health and Human Services from restricting funding for pregnancy centers. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on Ways and Means now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 118-20 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means or their respective designees; and (2) one motion to recommit.

SEC. 3. Upon adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the resolution (H.Res. 957) denouncing the Biden administration's open-borders policies, condemning the national security and public safety crisis along the southwest border, and urging President Biden to end his administration's open-borders policies. The resolution shall be considered as read. The previous question shall be considered as ordered on the resolution and preamble to adoption without intervening motion or demand for division of the question except one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary or their respective designees.

The SPEAKER pro tempore. The gentlewoman from Minnesota is recognized for 1 hour.

Mrs. FISCHBACH. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from Pennsylvania (Ms. SCANLON), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mrs. FISCHBACH. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mrs. FISCHBACH. Mr. Speaker, we are here to debate the rule providing for consideration of H.R. 6914 and H.R.

6918, which provides 1 hour of debate equally divided and controlled by the Committee on Education and the Workforce and the Committee on Ways and Means, respectively, and provides each one motion to recommit. The rule further provides for consideration of H. Res. 957 under a closed rule, with 1 hour of debate equally divided and controlled by the Committee on the Judiciary.

Mr. Speaker, citizens across this country, and even Members on both sides of the aisle, have been imploring this administration to end its open-border policies, yet these cries have fallen on deaf ears. The President has failed to maintain operational control of this Nation's borders, causing the worst border crisis in American history.

Of course, this crisis extends way beyond the border. Every community in the country is facing the consequences of this administration's failure, from the strain on schools to the horrifying fentanyl epidemic being worsened by the astonishing amount of narcotics coming across the border.

In short, the policies of this administration have created a border crisis, a national security crisis, and a humanitarian crisis. It is so irresponsible and embarrassing that I almost understand why the Biden administration refuses to take responsibility for it.

Be that as it may, the fact is the responsibility lies with Secretary Mayorkas; the appointed border czar, Vice President HARRIS; and President Joe Biden.

H. Res. 957 condemns the national security and public safety crises these actors and other Biden administration officials have created, denounces the Biden administration's open-border policies, and urges the President to end said policies.

We are also here to discuss two pieces of legislation to support expectant mothers. H.R. 6914, the Pregnant Students' Rights Act, requires institutions of higher education to provide information on the rights of and accommodation and resources for pregnant students. According to the CDC, nearly one-third of all abortions performed in America are for women aged 20 to 24, college-aged students. While most colleges are required to accommodate pregnant students under Title IX, many women are unaware of those requirements and the resources available to them and feel that they have to have an abortion or give up their educational goals.

This bill simply requires these institutions to share information about resources and accommodations they already provide.

H.R. 6918, the Supporting Pregnant and Parenting Women and Families Act, a bill I introduced with Representative TENNEY from New York and Representative CHRIS SMITH of New Jersey, prohibits the Department of Health and Human Services from keeping TANF dollars from being used to sup-

port pregnancy centers. Temporary Assistance for Needy Families provides \$16.5 billion annually to support assistance activities for needy families.

Certainly, pregnancy centers, which provide a wide variety of resources to pregnant women, from treatments to diapers to counseling, qualify for this kind of funding. Unfortunately, the Biden administration has shown their antiwomen, pro-abortion hand again, proposing a rule to modify allowable uses of TANF that singles out pregnancy centers in a way that could prevent States from using these funds for these vital care centers.

Make no mistake, conservatives are here for unborn babies and their mothers, and we want to ensure these moms are supported throughout their pregnancies and empowered to raise their families. These bills do just that.

Each of these bills delivers on the commitment House Republicans have made to the American people. We are here to protect the rights of Americans; we are here to hold the government accountable; and we are here to secure this country and its borders, all of which this administration has failed to accomplish.

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

Ms. SCANLON. Mr. Speaker, I thank the gentlewoman from Minnesota for yielding the customary 30 minutes.

Mr. Speaker, here we are, a little more than 48 hours from a devastating government shutdown. The deadline to pass a Federal budget is already 3 months overdue, and the clock keeps ticking.

Unable to get control of their majority and act responsibly, Republicans keep kicking the can down the road. They have struggled to pass any legislation because they choose again and again to appease an extremist minority rather than to advance policies supported by the majority of Americans and their Representatives here in the House.

Moreover, now, as we face pressing challenges at home and around the world, they have brought us to the brink of disaster once more, all because they chose to renege on a bipartisan deal to fund the government.

So, with these serious problems we are facing, what are House Republicans' priorities for today? They are to attack the President and pass more anti-abortion bills. It is a new year, but for House Republicans, it is the same old story.

Distracted by their own chaos and infighting, they have repeatedly failed to deliver for the American people. They have wasted time and tax dollars on baseless investigations and divisive culture wars, dragging the American people with them down rabbit holes of conspiracies and untruths.

They throw tantrums when they can't get their way, ousting their last Speaker and, just last week, bringing all work in the House to a halt because their new Speaker had dared to try to

strike a deal to keep the government open.

They put on dramatic acts of political theater, hoping to hide the fact that they are unable to complete the most basic tasks of governing. In 2023, they led the least productive session of Congress since the Great Depression.

We think the American people deserve better.

With that in mind, Mr. Speaker, let's look at the three bills that the House leadership has chosen to spend Congress' time on this week, and it is more of the same.

The first bill in this rule is the grotesquely misleading H. Res. 957, a resolution that repeats lies and distortions about the migration challenges at our southern border, starting with the title of the resolution and its false claim that this administration is promoting an open border. This is MAGA fiction, and it is an effort to keep campaigning on the fear of immigrants rather than any serious attempt to address the complex issues created by global migration forces and decades of congressional inaction.

It has become obvious that our Republican colleagues don't really want to fix our broken immigration system. They just want to campaign on it.

They have rejected—before even reading—the bipartisan solutions proposed by Senate Republicans, Democrats, and the administration.

They have refused to consider supplemental border funding requests from the President because the truth is they don't want solutions. They want political stunts. They want to rant, complain, blame, and campaign.

Immigration and border issues are complex. That is why they have remained on the table for so many years. They require comprehensive and nuanced policies, not acts of cruelty and dehumanization marked by barbed wire, family separation, or needless tragedies.

As we have seen over and over again, our Republican colleagues would rather use this issue to sow anger, division, and fear. They will use meaningless resolutions that do nothing to change the status quo, like this one, to distract from their failed Congress and their do-nothing agenda.

Mr. Speaker, if you want to see just how House Republicans view immigration and the border as a purely political issue, look no further than House leadership. After saying for months that border security is a crisis and just last month taking a field trip with over 60 House Republicans to the border, this week House leadership refused to even consider a bipartisan deal negotiated by the Senate before they have read it.

Mr. Speaker, you can't say that the border is in a state of emergency yet reject a bipartisan deal to address the crisis.

We can and must do better than this. Moreover, we owe it to our constituents and our country to work toward

real, thoughtful solutions rather than partisan talking points like H. Res. 957.

Now, let's turn to H.R. 6914 and H.R. 6918. Supporting the health and well-being of mothers and babies should be something we can all agree upon, and we would welcome some real collaboration in that area.

Nonetheless, that is not what the majority has brought to the floor today. The fact is that both of these bills are designed to advance an extremist agenda to limit Americans' fundamental freedoms, particularly with respect to reproductive healthcare.

It is nothing but a political exercise that our Republican colleagues undertake every year on the anniversary of *Roe v. Wade*. It is designed to cater to the most extreme supporters as they descend on Washington, D.C., for an anti-abortion rally.

The fact is that the MAGA majority's anti-abortion agenda is wildly unpopular in this country. The vast majority of Americans do not support it, and they have proven that at the polls repeatedly in the last couple of years.

Americans do not want politicians and rightwing extremists undermining their freedom to make their own medical and reproductive healthcare choices based on their own individual circumstances.

In the face of the overwhelming and repeated rejection of these extremist attempts to interfere in private medical decisions, Republicans are now cloaking their efforts in family-friendly rhetoric and misleading talking points. So, it is important to dig a little deeper and see what these bills are and are not.

If my colleagues on the other side of the aisle really wanted to support pregnant women, children, and families, then they would work with us to address the shameful fact that maternal mortality in our country far exceeds that of our peers. Childbirth is dangerous here in the United States, particularly for Black women and their babies, not because we don't know how to support healthy outcomes but because of a lack of will or interest from Congress.

It is a full-blown crisis, but it doesn't have to be. When it comes to giving our kids brighter futures, we should be talking about powerful tools like the expanded child tax credit, which lifted millions of children out of poverty. We should be strengthening WIC and SNAP, nutrition programs that serve as lifelines for pregnant women, mothers, infants, and families. Instead, this MAGA majority has proposed deep cuts to these nutrition programs.

We should pass policies to improve access to high-quality childcare and early education services, nutritious food, comprehensive maternal and infant healthcare, stable housing, and family-sustaining jobs because those are the things that would really help our kids and families.

□ 1230

The policies that our Republican colleagues have brought before us today in these two bills do none of that.

In fact, they would actually divert money away from vulnerable families and ultimately endanger women's lives.

H.R. 6914 purports to be concerned with providing information to pregnant college students.

Of course, there are obvious and unique challenges to balancing school and parenting, although students and their families can thrive with the right support. Unfortunately, this bill doesn't actually provide such support.

Instead, it requires that colleges inform students only about the rights and resources for carrying a pregnancy to term—resources, I will add, for which this House majority has sought to dramatically slash funding.

The bill purposely leaves out any requirement for schools to distribute medically accurate information regarding all of the healthcare options available to pregnant women. If this bill were truly about ensuring that pregnant college students have the necessary information to make informed decisions to meet their unique reproductive healthcare needs, it would include information about contraception, abortion, miscarriages, and the services that might be available to them during their pregnancy and after.

If the underlying intent of this bill were not clear enough in its one-sided substance, we need only look to the alleged funding section of the bill, which would write into law completely unproven and even false anti-abortion talking points.

These are findings that the bill's author could provide no evidence to support when it was marked up in committee. However, don't take my word for it. Advocates dedicated to advancing civil rights and resources for pregnant and parenting students have expressed deep concerns about this bill, including groups that are experts on this issue like The Coalition For Pregnant and Parenting Students Advocacy.

It is obvious that this MAGA majority doesn't really care about educating and supporting pregnant and parenting students. Instead, they would rather leave them in the dark and attempt to deny women the freedom to make informed decisions about their own bodies and futures.

Lastly, I will talk about H.R. 6918, which is another example of House Republicans doubling down on an extreme and unpopular agenda to try to ban abortion care nationwide. This bill is cloaked in a title that most Americans would agree with, the Supporting Pregnant and Parenting Women and Families Act.

In fact, Congress has passed bipartisan legislation to do just that, including through TANF funding, the Temporary Assistance to Needy Families.

However, in recent years, there has been growing evidence and a raft of studies showing that critical TANF aid for families is being diverted to purposes not authorized by Congress.

One of the greatest causes of concern is the siphoning of Federal TANF taxpayer dollars to support so-called crisis pregnancy centers, most of which are part of a well-funded arm of the global anti-abortion movement.

There is a growing body of evidence that these crisis pregnancy centers use deceptive and coercive tactics to target vulnerable people facing unplanned pregnancies, and they often prevent them from accessing a full range of appropriate reproductive healthcare, including safe abortion care and contraceptives.

Just as this bill is cloaked in benign pro-family rhetoric, these pregnancy centers distribute diapers and formula in order to disguise their underlying anti-abortion mission.

One of the great dangers of these crisis pregnancy centers is that they present themselves as legitimate healthcare facilities, but the reality is that most are unlicensed, understaffed by medical professionals, and unbound by the privacy laws that govern medical providers.

This has led to women being misled and given inaccurate or even dangerous information about their pregnancies and the options for care that are available to them, including women who have suffered life-threatening undiagnosed complications in their pregnancies, women who have been denied the information and opportunity to access appropriate reproductive healthcare for them, and women who have been encouraged to undertake dangerous and medically contraindicated procedures.

There is strong evidence that many pregnancy centers are using the public money that States allocate to them through TANF for purposes that are not authorized by Congress. That is why last year, the Department of Health and Human Services issued a proposed regulation to better guide the States in what services were eligible for TANF funding, and that is why this bill, H.R. 6918, is so dangerous and dishonest.

When we have a growing mountain of evidence of misuse and even fraudulent use of TANF dollars by crisis pregnancy centers, this bill by its term would prevent the Department of Health and Human Services from any regulation of pregnancy crisis centers.

House Republicans would green light the unregulated use of public money to fund these anti-abortion facilities, many of which have been proven to promote false medical claims and misinformation; misrepresent their services as providing a full range of reproductive healthcare, despite having only anti-abortion services and usually lacking any medical personnel. Horrifyingly, they are unbound by HIPAA privacy restrictions, and some

of these centers collect and distribute women's sensitive personal information to organizations within the larger anti-abortion movement.

This is what Republicans are trying to push upon American women with these bills, and I wholeheartedly disagree.

Thus, here we are. It is another week, and the House GOP still can't get their act together. Their majority is on track to become one of the most ineffective in modern history.

Again, we are just hours from a government shutdown, but instead of dealing with that or any of the real problems Americans are facing today, this House majority is desperately trying to mask its own failure with misleading rhetoric and bills that will never become law. It would be a joke if it weren't so serious.

Led by their most extreme Members, it is clear our Republican colleagues don't want to make Congress work better for the American people. They want to break it, and they want to campaign on it. They want to bring chaos to this Chamber and pass legislation that feeds the flames of their desperate culture wars.

It is irresponsible, it is reckless, and it is not what the American people want.

Mr. Speaker, I deeply oppose this rule, and I reserve the balance of my time.

Mrs. FISCHBACH. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. LANGWORTHY).

Mr. LANGWORTHY. Mr. Speaker, I thank the gentlewoman from Minnesota for yielding time to me now, but I am very disappointed to see my colleagues on the other side of the aisle stand up and defend President Biden's plan to restrict resources through TANF that, for many years, have provided help for expecting mothers and families who are facing uncertainty and hardship.

The legislation under the rule today, the Support Pregnant and Parenting Women and Families Act, introduced by my good friend and colleague, Representative FISCHBACH, will protect access to these critical resources through pregnancy centers across the country that give vulnerable mothers a hand up when they need it the very most.

Yet the Biden administration is working to exclude these pregnancy centers from the TANF program and thereby restrict access for expecting mothers who need things like vitamins, diapers, classes, and transportation.

Pregnancy centers do so much to invest in our community. They are often the first stop for a mother who is dealing with an unplanned pregnancy and will help her assess her options, provide healthcare services, and support her after her child is born.

For those who choose life, pregnancy centers are a lifeline. The bottom line is this: Expectant mothers who qualify and need this hand up under TANF deserve any and all options and resources

available to them, including the option to choose life and to pursue motherhood.

My colleagues keep saying that they want to support all women and their choices, but their support clearly wavers when it comes to mothers who have chosen life for their unborn child. I question the morality of an administration that seeks to restrict these resources in favor of pushing options that are more about promoting abortion services and less about simply helping families who are expecting.

Mr. Speaker, I thank, again, my colleague Representative MICHELLE FISCHBACH for her leadership on this important legislation, which I am a proud cosponsor.

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

We have heard from our colleagues over the course of debate on this bill that they think that they need more discretion to spend TANF dollars, but if this bill were to pass, a pregnancy center would be unregulated. That is what the bill literally says. We cannot regulate pregnancy crisis centers. So if they wanted to use TANF dollars to stage a Taylor Swift concert, they could because there is to be no regulation.

Mr. Speaker, I ask unanimous consent to include in the RECORD the executive summary of a report titled, "Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States," written by the Alliance: State Advocates for Women's Rights and Gender Equity.

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

There was no objection.

Executive Summary:

CRISIS PREGNANCY CENTERS (CPCS) ARE ANTI-ABORTION ORGANIZATIONS THAT SEEK TO REACH LOW-INCOME PEOPLE FACING UNINTENDED PREGNANCIES TO PREVENT THEM FROM ACCESSING ABORTION AND CONTRACEPTION.

CPCs, advance, this mission by using deceptive and coercive tactics and medical disinformation, and misleadingly presenting themselves as medical facilities. The modern CPC industry, a well-resourced arm of the global anti-abortion movement, is rapidly expanding while evading public accountability, despite increasing reliance on public funds.

CONTEXT FOR THIS STUDY

We live in the most hostile era for reproductive freedom in decades. The anti-abortion movement's two primary strategies—passing abortion bans and contraception restrictions and expanding crisis pregnancy center networks with taxpayer money—are simultaneously reaching peak, unprecedented levels. As of this writing, the U.S. Supreme Court has allowed Texas Senate Bill 8 to become law in Texas, effectively undermining *Roe* by establishing a vigilante system wherein private individuals are deputized, and financially incentivized, to enforce the law by suing friends, neighbors, and strangers. This radical law positions Texas CPCs—supported by state funding that has increased twentyfold since 2006—to play a central role in the surveillance of pregnant people.

While severe legislative restrictions such as Senate Bill 8 make headlines, the modernized, proliferating, and mostly evangelical CPC industry's critical role in the anti-abortion, anti-LGBTQ+ movement—and effect on the health of pregnant people—is relatively obscured from public view. Modern CPCs are plugged into the global anti-abortion movement's sophisticated digital infrastructure, which facilitates expansion, client surveillance, and systemic, coordinated promotion of anti-abortion disinformation.

Investment of public money in CPCs is escalating, especially in the states, with virtually no government oversight, accountability, or transparency. Investigations into publicly-funded CPCs by advocates and watchdog groups have found evidence of misuse, waste, and potential skimming of funds in multiple states, including Florida, Michigan, Minnesota, North Carolina, Pennsylvania, and Texas. Yet CPCs continue to secure state contracts while the nature and quality of their services remains largely unexamined and unregulated by policymakers.

States are also enabling CPCs to siphon public funds from safety-net programs for low-income pregnant people and children. In so doing, CPCs exacerbate the very economic scarcity they use to justify their encroachment into under-resourced neighborhoods and communities of color: the modern CPC industry has revitalized strategies to target Black women, who are more likely than white women to face barriers to medical care and pregnancy resources.

Today, crisis pregnancy centers outnumber abortion clinics nationwide by an average of 3 to 1. The disparities are higher in states that fund CPCs: in Pennsylvania, the ratio of CPCs to abortion clinics is 9 to 1; in Minnesota, it is 11 to 1. The maternal and public health consequences of this seismic shift in the reproductive health care landscape in the states are unknown.

MAJOR STUDY FINDINGS AT A GLANCE

CPCs Provided Virtually No Medical Care.

Many CPC websites used language and imagery signifying they were providers of medical services but the services most commonly offered were not medical.

The most common CPC service was a pregnancy test—usually a self-administered urine-stick test.

The second most common CPC offering was “free” goods, which pregnant people typically had to earn.

More than 1/2 of CPCs offered “non-diagnostic” ultrasound as a tool to signal medical legitimacy and persuade people to carry their pregnancies to term.

Many CPCs offered sexuality “education” as a vehicle for medical disinformation and ideological messaging.

Almost none of the CPC provided prenatal care.

Only 1 of the 607 CPCs provided contraception care.

State-Funded CPCs are More Harmful Than Privately Funded Centers.

CPCs Routinely Promoted False Medical Claims and Used Deceptive Practices.

Almost 2/3 of CPCs promoted patently false and/or biased medical claims about pregnancy, abortion, contraception, and reproductive health care providers.

“Abortion Pill Reversal”—an unethical practice and non-scientific claim—is a CPC priority. More than 1/3 of CPCs promoted APR; in some states more than 1/2 promoted APR.

Fewer than 1/2, of CPCs indicated they had a licensed medical professional. None indicated whether medical professionals were employed or volunteers, or full- or part-time.

Many CPCs deceptively claimed on their website to have no agenda and to provide full and unbiased information.

CPCs seek to intercept people seeking health care—10% operated mobile units that can locate near abortion clinics to confuse their patients. Online, CPCs employ digital tactics to intercept people searching for abortion care.

CPCs Appear to be Local but are Part of A Global Anti-Abortion Network.

THE ALLIANCE CRISIS PREGNANCY CENTER STUDY

Measuring the proliferating CPC industry's impact on public health must begin with a thorough assessment of the services CPC offer pregnant people—and the services they do not. In the absence of government oversight, the Alliance conducted this Study to document and evaluate CPC services and practices in nine states in which we operate and partner with allies: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington. We investigated 607 CPCs between March 2020 and February 2021 and collected over 50 categories of publicly available data through systematic review of CPC websites and social media. In addition, we conducted public records investigations and research into CPC operations in six states (AK, CA, MN, NM, PA, and WA) that further informed the Study. Our findings shine renewed light on the modern CPC industry and expose the particular harms of state-funded CPCs.

CPCs Provided Virtually No Medical Care.

The three most common CPC Services were pregnancy test (88.5%), “free” material goods (88.1%), and “counseling” (78.6%). The fourth most common service was “non-diagnostic” ultrasound. While approximately one-quarter (28.4%) offered STI testing, most did not provide or refer for STI treatment and none offered barrier-method contraception, a standard of care for STI prevention. Only one CPC offered contraception.

The most common CPC service was a pregnancy test. Of the CPC specifying type of test, 96% offered a urine test, the self-administered stick tests available at drugstores. Some CPCs claimed to provide “lab-quality” drug tests.

Almost none of the CPCs in the Study provided prenatal care. While most CPCs offered pregnancy tests, the majority (95%) offered no prenatal care and fewer than half made prenatal care referrals. CPCs affiliated with big anti-abortion networks (almost half of the CPCs in this Study) provided prenatal care less often than unaffiliated centers. Significantly, state-funded CPCs were less likely to offer or refer for prenatal care than CPCs without state funding.

The second most common CPC offering was “free” goods, which pregnant people actually had to earn. Most CPCs (88.1%) advertised free material goods, including maternity and baby supplies, but noted that provision of these goods was contingent on the pregnant person's participation in “earn while you learn” classes or counseling, Bible studies, abstinence seminars, video screenings, or other ideological CPC programming. While CPCs target people considering abortion, research shows most pregnant people who seek out a CPC do so because they cannot afford diapers and other infant and maternity goods CPCs claim to offer for free.

More than half of CPCs offered “non-diagnostic” ultrasound. The fourth most common CPC service, offered by 56% of CPCs, was “non-diagnostic” ultrasound, which cannot study placenta or amniotic fluid, or detect fetal abnormality or fetal distress. Anti-abortion organizations steering the CPC movement promote the use of ultrasound technology as a tool to persuade clients to carry their pregnancies to term and falsely signal medical legitimacy. The American Institute of Ultrasound in Medicine condemns

the use of ultrasounds for any non-medical purpose: “The use of ultrasound without a medical indication to view the fetus, obtain images of the fetus, or identify the fetal external genitalia is inappropriate and contrary to responsible medical practice.”

CPCs offered sexuality “education” as a vehicle for medical disinformation and ideological messaging. Almost 17% of CPCs claimed to offer sexuality-related programming, which typically focused on abstinence and also featured religious and shame-based messages and harmful stereotypes about LGBTQ+ youth and non-traditional families. Approximately 8% of CPCs overall indicated that they offer these services off-site, including in public schools; a full 20% of CPCs in Washington offered these programs off-site.

CPCs Routinely Promoted False Medical Claims and Used Deceptive Practices.

Almost two-thirds (63%) of CPCs promoted patently false and/or biased medical claims, mostly centered on pregnancy, contraception, and abortion, especially medication abortion. False claims typically included patently untrue information about reproductive health care and providers, false and misleading information regarding risks of abortion and contraception, and deceptive citing to make it seem such claims were supported by legitimate medical sources when they are not. Many CPC sites claimed people who have had abortions suffer from “post-abortion syndrome,” a non-existent diagnosis that has been debunked by medical professionals.

While many CPCs claimed to be medical clinics, fewer than half (47%) indicated whether they had a licensed medical professional on staff. Only 16% indicated a physician and 25% indicated a registered nurse was affiliated with their staff; none indicated whether licensed medical professionals were employees or volunteers, nor whether they were engaged full- or part-time. Many CPCs falsely claimed to have no agenda and to provide full and unbiased information to support a pregnant person's choice. Many disguised the fact that they do not provide or refer for abortion. Among CPCs in this Study, 10% operated mobile units that can locate near abortion clinics to confuse and intercept their patients.

Abortion Pill Reversal—an unethical practice and non-scientific claim—is a CPC priority. “Abortion pill reversal” is an anti-abortion marketing term that refers to the experimental administration of high doses of progesterone to pregnant people who have taken the first, but not the second, of two medicines for a medication abortion. Anti-abortion advertising claims this can “reverse” an abortion, but medical experts say such claims “are not based on science and do not meet clinical standards.” Its health effects are unknown; the only credible clinical study was stopped after one-quarter of the participants went to the hospital with severe bleeding.

More than one-third (35%) of CPCs in the Study promoted APR, with significant variation across states: More than half the CPCs in Idaho (57.1%) and Washington (50.9%) promoted APR. Overall, some 5% of CPCs said they provided APR, but none indicated who administered it, whether it was administered vaginally, orally, or by injection, or whether follow-up care was provided.

State-Funded CPCs are More Harmful Than Privately Funded Centers.

The Alliance Study found that taxpayers are unknowingly funding the most problematic practices of the CPC industry. State-funded CPCs promoted abortion pill reversal at significantly higher rates and offered prenatal care and referral less often than CPCs without state funding.

CPCs Appear to be Local but are Part of a Global Anti-Abortion Network.

Almost half (45.8%) of the CPCs in this Study were affiliated with one or more of the international, national, and regional right-wing organizations that steer the CPC industry, including Heartbeat International, Care Net, and National Institute of Family and Life Advocates. These groups provide digital strategy, infrastructure, and marketing tactics to help CPCs intercept people searching online for abortion care, signal that they are trusted sources of health care, and secure public funding. At least one of these groups collects and stores sensitive client data such as sexual history in “digital dossiers.”

CONCLUSIONS

While CPCs misleadingly present themselves as medical facilities to draw low-income people experiencing an unplanned pregnancy, the four services most often provided by CPCs served no medical purpose. Most CPCs disseminate medical disinformation focused on stigmatizing abortion and contraception and promote made-up, abortion-related mental health conditions not recognized by medical experts. The promotion of “abortion pill reversal,” an unethical, non-scientific practice based on a fraudulent claim, is currently a top CPC priority.

While people considering abortion are main targets of CPC marketing efforts, research shows that, in fact, the majority of people who go to CPCs intend to carry their pregnancies to term and are primarily seeking the pregnancy tests and infant supplies, especially diapers. CPCs claim to offer for free.

In short, it is widespread financial insecurity and inadequate support for pregnant people that makes people vulnerable to CPCs. CPCs use deceptive and misleading practices to exploit economic insecurity and gaps in access to health care to advance their anti-abortion, anti-contraception agenda. Robust research documents that being denied abortion care exposes both the pregnant person and their family to a range of potential harms. But we do not know the health consequences visiting a CPC has on the typical CPC client; a pregnant person needing prenatal care and parenting resources.

With CPCs outnumbering abortion clinics in almost every state, this unregulated network of ideological, deceptive, and manipulative providers of mostly non-medical services is increasingly more likely to be the most logistically accessible facility in the landscape of services for pregnant people with limited resources. The disparities detected in services between state-funded and other CPCs within the same state underscores the need for a coherent analysis of state-funded CPCs, and the consequences of government investment in CPCs on maternal and public health.

CALL TO ACTION: HOLD CPCs ACCOUNTABLE TO PROTECT REPRODUCTIVE & MATERNAL HEALTH

The Alliance Study findings make clear that a thorough data-driven assessment of CPC services, funding streams, and accountability measures is needed in states across the country.

It is our hope that this Study spurs stakeholders to assess how CPCs are targeting and treating low-income pregnant people and how the seismic shift in the reproductive landscape—wherein CPCs have proliferated as access to evidence-based reproductive healthcare and abortion has diminished—affects maternal and public health. We already know delaying access to abortion care poses a range of potential harm to pregnant people; we call for future research to specifically investigate the impact of visiting a CPC on maternal health and birth outcomes.

The United States is in the throes of a maternal mortality and morbidity crisis

marked by severe racial disparities, with Black, Latino and Indigenous people and infants suffering disproportionate harms. And we are still in the midst of the COVID-19 pandemic, an unprecedented public health crisis that is exacerbating pregnancy-related mortality and racial disparities, especially worsening Black maternal health. And, despite these interrelated public health crises, anti-abortion policymakers and bureaucrats are aggressively advancing an ideological agenda that further undermines maternal health and specifically targets Black women.

In this context, we urgently call on state lawmakers to stop funding CPCs and to dramatically increase investment in equitable access to evidence-based reproductive health care, especially in under-resourced communities.

We call on state policymakers nationwide to act on the detailed and state-specific policy recommendations in this report to: protect CPC clients and pregnant people seeking health care; promote transparency and best practices in publicly funded programs; address significant and deepening gaps in maternal and reproductive health care; and eliminate mounting obstacles to health care experienced by low-income pregnant and parenting people.

These findings reaffirm that the Alliance mission as state-based advocates is more pressing than ever: The fight for reproductive freedom is in the states.

Ms. SCANLON. Mr. Speaker, this report studies crisis pregnancy centers in Alaska, California, Idaho, Montana, Oregon, Washington, Pennsylvania, and Minnesota. Overall, its findings show that crisis pregnancy centers provided virtually no medical care, promoted false medical claims, and used deceptive practices; State-funded crisis pregnancy centers are more harmful than privately-funded centers; and crisis pregnancy centers appear to be local, but are actually part of a global anti-abortion network.

It is clear that these sorts of manipulative and unregulated centers are not what is best for women and children's health, and actually have been proven to misuse Federal taxpayer dollars. We absolutely shouldn't be allowing Federal dollars to flow to them without any scrutiny.

Mr. Speaker, I yield 4 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), the distinguished ranking member of the Committee on Rules.

Mr. MCGOVERN. Mr. Speaker, I have a serious question for my Republican colleagues: Did the Trump campaign write these bills for you? They seem right out of his political playbook—cruel, uninformed, nasty bills. You are turning the House of Representatives into the committee to re-elect Donald Trump.

Mr. Speaker, the gentlewoman from Minnesota can claim whatever she wants about these bills, but I wish the other side would just be clear. I wish they would just come clean with the American people. What they want is to ban abortion, a total ban. That is what these bills are about.

Don't believe their spin. This debate isn't about giving students more information or helping provide resources to families or whatever other misleading junk you hear from the other side.

That is all a bunch of baloney, a bunch of BS.

Read their bills. Read the bills, and you will see what they do.

The Pregnant Students' Rights Act doesn't give anybody any new rights. It contains a bunch of completely made-up claims meant to stigmatize abortion. It lets schools not inform students of their actual rights with regard to contraception or abortion care. That is the truth.

Republicans can name the bill whatever they want. The problem is, when you read the bill, people actually see that the title is misleading.

I read the bill. The title is misleading. Their other bill is about crisis pregnancy centers, and I know a little bit about crisis pregnancy centers. I have one in my district that almost killed somebody because they told her that everything was fine when she had an ectopic pregnancy, and she almost died.

These centers are about pushing a political agenda, about deceiving women—some who are actually trying to seek access to abortion care.

Republicans say that Federal funding can't go to Planned Parenthood for political reasons, then why the hell is it going to these dangerous political pregnancy centers that push their own agenda? I mean, give me a break.

Now, look, just to be honest about it, the Republican position is to ban abortion nationwide. We know overturning Roe was just the start. Now they want to criminalize abortion, too, and throw women in jail for making decisions about their own bodies. Texas, Kentucky, South Carolina, they are all trying to lock women up if they get an abortion.

Every single week, Republicans are here on the House floor pushing for more extremist culture war nonsense like this.

Maybe that is why they keep losing elections because every time they put their anti-abortion agenda on the ballot, they lose. You would think that they would take the hint. Maybe that is why there are so few speakers on the other side talking about these bills today.

The sickest part of it all, the most disgusting thing is, they do not have one shred of compassion or care about the baby after it is born. They talk about the sanctity of life this and the sanctity of life that, and then they underfund and cut WIC and take food away from postpartum moms and babies. They cut programs that support maternal health. They block the expanded child tax credit, which kept millions of young children and babies out of poverty, and they don't even want to talk about the Black maternal health crisis in this country.

□ 1245

Forgive us if we think it is a little hypocritical to come down here and get lectured about life from a Republican Party that apparently thinks life begins at conception but ends at birth.

These are awful, awful, awful bills. We are here because the Republican Party is incompetent. They have no vision, no agenda, no way of making life better for people. They are the party of abortion bans, insurrections, and illegitimate investigations, and they will pay for it at the ballot box.

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

Mr. Speaker, I am a little confused. Helping women and their babies and providing information is now an extreme agenda according to my colleagues across the aisle.

Supporting and promoting unrestricted abortion up until the time of birth is an extreme agenda.

The majority of pregnancy resource centers are affiliated with a national organization and have voluntarily signed on to an industry standard called Commitment of Care and Competence created by Heartbeat International that set an ethical code where they agree to adopt a transparent and honest service model.

Pregnancy resource centers provide honest information about services they offer, including ultrasounds and pregnancy testing. They do not hold themselves out to provide all forms of healthcare.

According to a recent report surveying 2,750 pregnancy care centers in 2022, there were 4,779 licensed medical staff, 5,396 licensed medical volunteers, over 500,000 hours of ultrasounds performed, and over 100,000 hours of RNs meeting with STD and STI tests for clients.

If my colleagues really believed in giving pregnant women every option, like they claim, they would have no problem with this bill. We are talking about information and care.

However, the fact that they are pushing against it so passionately just proves what my colleagues and the pro-life community have been saying all along, the left is antiwoman and will find any avenue they can to encourage women to have abortions. There are so many resources that exist that would actually empower them during their pregnancy and raising their families.

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

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

Mr. Speaker, I ask unanimous consent to include in the RECORD a letter from the Coalition for Pregnant and Parenting Students Advocacy and other organizations dedicated to advancing civil rights protections and resources for pregnant and parenting students in opposition to H.R. 6914.

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

There was no objection.

JANUARY 10, 2024.

Hon. VIRGINIA FOXX,
Chair, House Education and Workforce Committee, House of Representatives, Washington, DC.

Hon. ROBERT “BOBBY” SCOTT,
Ranking Member, House Education and Workforce Committee, Washington, DC.

DEAR CHAIRWOMAN FOXX AND RANKING MEMBER SCOTT: We are a diverse group of advocates and experts dedicated to advancing civil rights protections and institutional resources for pregnant and parenting students. Students who are pregnant and/or parents deserve the opportunity to complete their education free from bias and harassment, in environments that support them on their educational journeys. Unfortunately, pregnant and parenting students are routinely stigmatized, discriminated against, and denied the resources, accommodations, and support they need to thrive in their educational institutions.

More than 5.4 million college students in the United States are parents, which is nearly one quarter of undergraduate students and nearly one third of graduate students. Despite earning higher GPAs than non-parenting students, parenting college students are less likely to graduate. This is not due to personal failing, but rather a lack of institutional support and recognition of the unique barriers to college completion for parenting students. Pregnant and parenting students often experience feeling disconnected from the larger education community and are not aware of who they can speak to when they experience discrimination because of their pregnancy or parenting status.

This latest bill to “protect the rights of pregnant students” falls far short of the protections that are actually necessary for pregnant and parenting students and their children. The Pregnant Students’ Rights Act is a thinly veiled anti-abortion law which would not address the key barriers to pregnant students’ educational attainment, and instead would further shame and stigmatize people for their pregnancy outcomes.

The proposed bill relies on anti-abortion language and seeks to limit students’ reproductive healthcare decisions. This type of language is part of a deliberate strategy by the anti-abortion movement to further legal grounds for a national abortion ban now that the Supreme Court has overturned the constitutional right to abortion care as established in *Roe v. Wade*. Furthermore, the bill language contrasts with existing legal protections for pregnant students experiencing a range of outcomes related to their pregnancies.

Our belief in personal autonomy and respect for every person’s capacity to make their own decisions—including whether to continue their pregnancy or not—is at the core of our work to support pregnant and parenting students. This bill does not contain any meaningful supports that would actually help pregnant and parenting students be able to remain enrolled and meet their educational goals.

Such supports are critically needed, and include:

- Strengthened Title IX protections
- Nondiscrimination protections at the state and local level
- Accessible and affordable child care, and increased funding for on-campus child care
- Access to early education and pre-kindergarten services
- Transportation access
- Basic needs security (including food, housing, clothing, etc.)
- Flexible school attendance policies
- Lactation accommodations
- Less stigma and shame around young parenthood

Increased accountability measures for institutions who fail to protect pregnant and parenting students

Federal funding to support campus Title IX offices’ work to prevent and investigate discrimination against pregnant students

Mandatory data collection on students’ parenting statuses

Strides toward these meaningful supports are in progress. We applaud, for example, Representatives LUCY MCBATH and DEBORAH ROSS’s recent introduction of the Understanding Student Parent Outcomes Act of 2023, which would allow essential data collection on the barriers to college graduation for pregnant and parenting students. But sweeping legislation is necessary to ensure that pregnant and parenting students and their families are protected.

Although pregnant and parenting students face many roadblocks, they can thrive when their educational institutions listen to them, support them, and prevent discrimination against them. While balancing their health, caregiving responsibilities, and educational goals is challenging, these added responsibilities often renew students’ dedication to their studies. While the decision to parent and/or continue pregnancy is a personal one, the barriers that pregnant and parenting students face are not. This proposed bill would reinforce structural and institutional bias and scrutiny of the decisions students make regarding their personal lives.

We welcome the opportunity to have an open dialogue with the sponsors of the “Pregnant Students’ Rights Act” and with any other members of Congress who are ready to step up as the champion that pregnant and parenting students in our nation need and deserve.

Sincerely,

The Coalition for Pregnant and Parenting Students Advocacy:

A Better Balance; Generation Hope; Healthy Teen Network; Institute for Women’s Policy Research; Justice and Joy National Collaborative; National Women’s Law Center; New America Higher Education Program; Pregnant Scholar Initiative at the Center for WorkLife Law.

Joined by:

Advocates for Youth; American Association of University Women; American Civil Liberties Union; American Federation of Teachers; American Humanist Association; BreastfeedLA; California Women’s Law Center; Center for Freethought Equality.

Center for Reproductive Rights; Clearinghouse on Women’s Issues; Colorado Teen Parent Collaborative; End Rape On Campus; Family Equality; Feminist Majority Foundation; Guttmacher Institute; Harvard Law School; Ipas; League of Women Voters of the United States; Legal Momentum, The Women’s Legal Defense and Education Fund; National Association of Nurse Practitioners in Women’s Health; National Center for Lesbian Rights; National Center for Parent Leadership, Advocacy and Community Empowerment; National Center for Transgender Equality; National Council of Jewish Women; National Education Association; National Family Planning & Reproductive Health Association; National Latina Institute for Reproductive Justice; National Partnership for Women & Families; National Women’s Political Caucus; Physicians for Reproductive Health; Planned Parenthood Federation of America; Positive Women’s Network-USA; Power to Decide; Reproductive Freedom for All (formerly NARAL Pro-Choice America); Southeast Asia Resource Action Center; Stop Sexual Assault in Schools; The Hope Center at Temple University; Union for Reform Judaism; Women of Reform Judaism; Won’t She Do It.

Ms. SCANLON. Mr. Speaker, this letter expresses concern that this bill is

based upon unproven anti-abortion rhetoric and seeks to limit students' ability to make reproductive healthcare decisions with a full range of information.

It goes on to say that the bill does not contain any meaningful support to help pregnant and parenting students meet their educational goals, and it notes how the bill leaves out policies we know would actually make a difference, like strengthen Title IX protections, accessible childcare and early education, basic needs security, and accountability measures for institutions that fail to protect pregnant and parenting students.

Mr. Speaker, I yield 4 minutes to the gentlewoman from New Mexico (Ms. LEGER FERNANDEZ), a distinguished member of the Rules Committee.

Ms. LEGER FERNANDEZ. Mr. Speaker, today's Republican bills are part of their extreme agenda to create a Federal abortion ban.

The first bill, H.R. 6918, would divert Federal funding used to help feed and house poor families and give it to anti-abortion centers.

The American College of Obstetricians and Gynecologists warned that these centers often mislead women with false medical information and, in the process, endanger public health. It is really endangering women's health because across the country we are hearing stories of women who are dying or nearly dying because of these extreme restrictions on their healthcare.

The other bill, H.R. 6914, should be named the student anti-abortion bill and not the Pregnant Students Bill of Rights because the bill restricts pregnant students' rights when Republicans restrict access to information about the full range of healthcare available to pregnant students or the benefits that might help a pregnant woman and her child receive nutrition assistance or Medicaid benefits; benefits, I would point out, that Republicans oppose. They don't want our babies to be healthy.

Representative STEVENS submitted an amendment to H.R. 6914 that would provide pregnant students information about miscarriages, a devastating loss that affects 1 million women in the U.S. each year. Shockingly, not a single Republican voted for this amendment to give students health information about miscarriages. In fact, Republicans opposed every Democratic amendment intended to make this bill more scientific and objective.

Last night, the chair of the Education and the Workforce Committee claimed this bill says absolutely nothing about abortion and was just a students' rights bill. A strange statement, since abortion is mentioned nine times in the bill.

"Mujeres," "Women," don't let anyone fool you. Extreme Republicans want to keep us in the dark.

We need to keep Congress out of decisions that women deserve to make for

themselves in doctors' offices on campuses and everywhere else women have healthcare needs.

Finally, the last bill on today's rule is a useless resolution that does absolutely nothing to help the problems at the border.

Resolutions like H.R. 957 that distort a real problem we are facing at the border and statements like we hear from President Trump that immigrants are poisoning the blood of our Nation are dangerous. They demonize all immigrants and lead to a rise in white supremacy and hate crimes, and they do nothing to solve our problems at the border.

Let me be clear. I want a secure and humane border. Democrats have put forth specific policies that address the root causes of migration, because the best way to stop the surge of migrants is to help them stay in their own countries. We have proposed funding and policy fixes for our broken immigration system, solutions that Republicans keep rejecting.

Instead, they provide a resolution that offers no solutions.

We need vision, and Republicans are only giving us division. Vision, not division, is what Democrats are about.

Mr. Speaker, I urge my colleagues to vote "no" on the rule and on the bills.

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

Mr. Speaker, I have to repeat it: Helping women and their babies and providing information is not an extreme agenda. We are talking about taking care of women and their babies.

Supporting and promoting unrestricted abortion up to the time of birth is an extreme agenda, and it is a real shame the Democrats and the Biden administration are purposefully targeting and misrepresenting pregnancy centers in the rule and seeking to intimidate States that fund them and denying college students information.

Pregnancy resource centers play a vital role to both mothers, fathers, and their families, empowering them in their decision to choose life for their baby by providing realistic alternatives. They are another option for women who choose to use their services who are looking for an alternative to abortion.

All pregnancy resource centers are open and receive clients on a voluntary basis, and it is disgraceful that Democrats misconstrue these organizations in an effort to limit a woman's choice to raise their child.

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

Ms. SCANLON. Mr. Speaker, could you please advise how much time is remaining?

The SPEAKER pro tempore. The gentlewoman from Pennsylvania has 7 minutes remaining.

Ms. SCANLON. Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to bring up

H.R. 12, a bill that would ensure every American has full access to essential reproductive healthcare services, including abortion care.

Since the Dobbs decision, every State in the Union has taken action on abortion in some way. Many States have used it as an opportunity to enact laws that ban specific instances of abortion or abortion care entirely. Republicans have reiterated time and again that that is their goal, to ban abortion nationwide.

The abortion access landscape is deeply fractured, and Americans continue to face the devastating consequences of abortion bans and restrictions on both patients' health and the greater healthcare ecosystem.

H.R. 12 ensures every American has full access to vital reproductive healthcare and will stop the devastating health consequences for women when abortion access is banned or limited.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD along with any extraneous material immediately prior to the vote on the previous question.

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

There was no objection.

Ms. SCANLON. Mr. Speaker, to discuss our proposal, I yield 3 minutes to the gentlewoman from Massachusetts (Ms. PRESSLEY).

Ms. PRESSLEY. Mr. Speaker, if we defeat the previous question, we will bring up legislation to protect a woman's right to make her own healthcare decisions, the Women's Health Protection Act.

This is necessary because Republican bills being brought to the floor share a common goal, to limit access to reproductive healthcare for those who need it most. Like so many of the bills this Republican majority has advanced, these bills are intentionally designed to mislead with biased and inaccurate information and to shame those who seek abortion care.

Republicans are continuing their politically violent, thinly veiled misinformation campaign to ultimately enact a national abortion ban, a forced birth mandate. Now, they are using our pregnant students as their pawns. The young woman in college making the life-changing decision on when and how to start a family deserves comprehensive and medically accurate information.

Do not fall for the okey-dokey. They are playing with people's lives instead of trying to save and change and improve them.

Republicans don't care about the people, certainly not pregnant students. They have consistently undermined access to contraception, defunded on-campus childcare, and excluded information on essential abortion care from the bill they want us to vote for.

In fact, Republicans do not care about any pregnant person when they

seek to expand crisis pregnancy centers. Since my days on the Boston City Council, I have fought to stop these sham clinics. They use coercion to prevent women from accessing essential abortion care and operate as anti-choice propaganda centers.

As the chair of the Abortion Rights and Access Task Force under our Pro-Choice Caucus, allow me to set the record straight: Abortion care is healthcare, and a fundamental human right.

When the Supreme Court overturned the right to an abortion with the support of Republicans nationwide, they created the most life-threatening conditions for pregnant women in America in over 50 years.

If Republicans truly cared about pregnant students or healthcare or personal autonomy or even the fundamental right, freedom, to make decisions about your own body, they would bring our bill, the Women's Health Protection Act, to the House floor to overturn the Dobbs decision and codify the right to an abortion. Anything less is a disgrace.

Mr. Speaker, I urge my colleagues to vote "no" on the previous question.

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

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

This MAGA majority has a bleak and nihilistic vision of our government. It is a vision where congressional power is wielded to take down political rivals; to force extremist beliefs on every American, particularly women; and to shamelessly sow division and fear, not to actually serve all Americans.

It is a vision where the idea of working together across party lines on behalf of all Americans is so anathema to the Republican Party that it can cause a Speaker to lose his gavel or rank-and-file Members of Congress to lose their primaries. It is where standing up against lies and for the Constitution results in death threats and where the integrity and core values of our country's institutions are continually chipped away.

This is an unacceptable way to govern. It is not governance at all. Americans deserve so much better. Let's stop playing these ridiculous games and get to work on the work that the people sent us to do.

Mr. Speaker, I urge my colleagues to oppose the previous question and the rule, and I yield back the balance of my time.

□ 1300

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

We certainly have covered a lot of topics here today, and House Republicans are working hard to keep our commitments to the American people: holding government accountable, securing our border, and protecting the rights of the unborn and their mothers.

Conservatives care deeply about defending the unborn and empowering

women to confidently choose life, whether it be on a college campus or by ensuring access to care at pregnancy centers.

As thousands march for life across the country in the coming days, now is the perfect time to raise awareness of all the wonderful options that exist for women.

For nearly 3 years, we have seen a failure to act by the executive branch of this government to secure our borders. Biden beat his own record, with the 2023 fiscal year beating 2022 as the worst year at the border.

Mr. Speaker, 169 individuals on the terror watch list were apprehended trying to cross the border illegally. That number includes only the ones that we know about.

I am thankful for the hard work and thankless work our Customs and Border Patrol agents are doing and do not want to diminish any of the work that they are doing, but the administration's negligence has damaged our national security. Whether it is done through incompetence or malice, those responsible must be held accountable for their inaction.

To be clear, I am not talking about those hardworking CBP agents. I am talking about DHS Secretary Mayorkas; the so-called border czar, Vice President HARRIS; and President Joe Biden.

Mr. Speaker, I support the rule and underlying legislation.

Ms. MOORE of Wisconsin. Mr. Speaker, today I am pleased to comment on H.R. 3058, the Recruiting Families Using Data Act.

There is an undeniable shortage of foster care placements in America, and an even more drastic lack of foster families with individual foster parents that can care for our Foster Youth. Furthermore, it is imperative that Congress ensures that foster children receive the highest standards of care in all current and future placements. This includes ensuring the availability placements that can be respectful of all of the individualities that foster youth hold.

That is why, in my capacity as a member of the Ways and Means Committee, who has jurisdiction over this legislation, as well as the Chairwoman on the Congressional Caucus on foster youth (otherwise referred to as CCFY) I am proud to support this bill. I will also point out that Congressman KILDEE is one of our strongest advocates on the Congressional Caucus on Foster Youth, and I am a proud cosponsor of this legislation alongside my fellow CCFY cochair, Representatives BACON and SCANLON.

I often reflect on an instance that occurred when I was age 14, upon a visit to my aunt in my home town. I was awakened in the middle of the night with the police at the door. They ushered in a family of twelve children. My aunt was identified as an emergency placement for these foster youth out of a limited number of adults who had been previously vetted to be foster parents. At midnight, I suddenly worked with my aunt to gather the needed supplies for these children, including items like bedding.

While my aunt was an outstanding foster parent, moments like these occur frequently

and exemplify the phenomenon that many youth feel when they enter care. Placements too often feel to youth like they are thrown to a stranger who the state has hired at random who is suddenly an authority of a child's life.

Thankfully, the Recruiting Families Using Data Act takes several important steps that can ensure that a foster care placement feels less alien to a new foster youth and is a more comfortable place for foster children to land during a tumultuous time in their lives.

One provision in this legislation is its requirement that whenever possible, the existing family of youth who are entering foster care are consulted regarding the most appropriate placement for the youth. This serves to not only maintain family bonds, but also increases the possibility that a foster placement has cultural competency with respect to a youth's background.

This bill importantly also includes measures to improve cultural competency of foster placements. This is through its provision that states, "diligently recruit potential foster and adoptive families that reflect the ethnic and racial diversity of the children in foster care". For example, we know that African American youth are disproportionately overrepresented in the foster care system however, there is not a like amount of African American Foster Parents.

Another anecdote that often comes to mind is a little girl of mixed heritage who I knew that ran away from her foster home and chose to come to my own home. It came to light that her reasoning for these actions was because she was in a foster home with white parents, and she knew that my own daughter would actually be able to handle her African American hair in a way that her white foster parents were not able to. After working with these foster parents to improve their ability to help the girl with her hair, we were able to make a successful reunification. It is that simple. We can fix this.

Finally, I would like to emphasize that with the shortage of foster placements, it is all the more difficult to place foster youth with special needs in homes that are prepared to meet their needs. One such example of special needs is sibling groups. It is certainly a tragedy that upon enduring the trauma of being brought into the foster care system, children often also face the trauma for being indefinitely separated from their known biological siblings. Another example is that foster youth who are part of the LGBTQ+ community need special considerations to secure a safe and accepting placement while in foster care. This is all the more challenging as we are seeing vitriol toward this community nationwide. Youth also can have particular dietary needs either pertaining to health matters or cultural identity that should be catered to in a foster placement.

I am so glad that the House of Representatives is choosing to address all of these issues through the passage of the Recruiting Families Using Data Act. I am looking forward to continuing to work on behalf of foster youth with my colleagues in this constructive manner as we move forward.

Ms. JACKSON LEE. Mr. Speaker, I rise today in strong opposition to H. Res. 969—the rule providing for consideration of the following:

H.R. 6914—to require institutions of higher education to disseminate information on the

rights of, and accommodations and resources for, pregnant students, and for other purposes;

H.R. 6918—to prohibit the Secretary of Health and Human Services from restricting funding for pregnancy centers; and

H. Res. 957—denouncing the Biden administration's open-borders policies, condemning the national security and public safety crisis along the southwest border, and urging President Biden to end his administration's open-borders policies.

This resolution, providing for debate on these highly politicized and dangerous bills, is yet another shameful effort to erode and dismantle the rights and protections of Americans across the country, and to distract the American people with unviable solutions for immigration and border control—all in the face of inaction to prevent our government from shutting down once again.

H. Res. 969 is a measure that must be opposed for the reasons stated below.

As it pertains to H.R. 6914, this bill requires higher education institutions that participate in federal education programs to disseminate information on the rights and resources afforded to prospective, full- and part-time students who are pregnant or may become pregnant to encourage them to carry their pregnancy to term.

These institutions would be required to share this information by email at the start of each academic year, in student handbooks, at each orientation for enrolled students, at student health and counseling centers, and on the school's website.

A list of anti-abortion "findings" in the bill insinuate that women who have an abortion are at risk of developing mental health issues, abusing drugs and alcohol, and becoming suicidal.

Amendments in committee offered to make it clear that schools are still allowed to disseminate information on access to sexual and reproductive health services and the rights, protections, and accommodation afforded to students under Title IX were voted down by Republicans on the Committee.

As it pertains to H.R. 6918, this bill prohibits the Department of Health and Human Services from restricting funding to pregnancy centers, which are defined as any organization that "supports protecting the life of the mother and unborn child" and "offers resources and services to mothers, fathers, and families."

This legislation redirects critical funding to antiabortion facilities, which includes so-called "crisis pregnancy centers," that operate under the guise of legitimate health care providers.

At a time when women and girls' reproductive health care is already under attack from Republicans across the country, my colleagues across the aisle want to go even further by taking money from legitimate providers and redistributing it to these centers whose staff are not required to have any medical credentials.

Additionally, it must be noted that these harmful bills are futile attempts that will be vetoed by this Administration.

As we know, the Administration strongly opposes H.R. 6914 and H.R. 6918.

As highlighted in the White House Statement of Administrative Policy (SAP), the Administration clearly stated its opposition to H.R. 6914 in its current form.

Existing federal civil rights laws have long prohibited discrimination against students on

the basis of pregnancy and related conditions, and institutions of higher education are already required to provide reasonable modifications to pregnant students—from modified class schedules to medical leave.

The Administration stated that it will continue taking action to ensure that students know their rights under federal law and have access to the comprehensive, evidence-based information and resources they need to make informed decisions about their health care.

And as highlighted by the White House in its SAP to H.R. 6918, contrary to the purported purpose of this bill, it would divert federal Temporary Assistance for Needy Families (TANF) funds from effective supports for pregnant and parenting women and families.

Indeed, the bill seeks to prevent the Department of Health and Human Services from even considering commonsense program integrity measures that ensure that the use of federal TANF funds is consistent with federal law and the long-standing purposes set by Congress.

Members of Congress from both parties have recognized the importance of ensuring that federal TANF funds serve their intended purposes, and the Department's proposal would merely ensure that federal TANF funds are used consistent with the statutory requirements.

I stand with the Administration in stating that we remain committed to supporting the economic security, health, and well-being of women and families across the country, and I urge my colleagues on the other side of the aisle to make this commitment as well.

As it pertains to H. Res. 957, this resolution does nothing to address legitimate issues at the southern border—instead, it repeats an old list of hyperbolic Republican talking points on immigration.

Rather than working constructively to address these issues, House Republicans continue to make the evidence-free argument that President Biden, Vice President Harris, and Secretary Mayorkas have intentionally created a "national security and public safety crisis" at the southern border.

This bill peddles the false narrative that President Biden has an open-borders policy and villainizes immigrants fleeing dangerous situations.

And it does nothing to advance common sense solutions to improve our immigration system like creating better legal pathways, increasing processing capacity at ports of entry, or funding more immigration judges to reduce the asylum backlog.

It is truly shameful that just days until a government shutdown, my Republican colleagues continue to waste time with a resolution that repeats the same, tired, inaccurate talking points on immigration and the border.

Once again, Republicans talk a big game when it comes to immigration and border security—but instead of trying to pass thoughtful and bipartisan legislation that might fix the problems in our immigration system, their resolution accomplishes nothing.

Let's look at the facts.

Today, there are approximately 38,000 people in immigration detention, which is 4,000 more than what DHS is funded for and roughly what the Trump administration averaged in Fiscal Year 2018.

The Biden administration has also significantly increased removals (in ways that many in our caucus worry violates due process).

Since the end of Title 42 last year, the Biden administration has removed or returned to Mexico over 470,000 individuals, including over 78,000 individual members of family units, including children.

The total is nearly equivalent to the number of people removed in all of fiscal year 2019 under the Trump administration.

This is hardly an open border.

Time and again, my colleagues across the aisle have refused to support additional resources and personnel for the border.

In 2021, all but six current House Republicans voted against the Bipartisan Infrastructure Deal, which provided additional funding to ports of entry to combat smuggling of people and drugs, and for modernization.

All but two current House Republicans voted against providing robust funding for Customs and Border Protection (CBP) and border security operations in the Fiscal Year 2023 appropriations omnibus legislation.

That bill provided more than \$17 billion to CBP, including funding for an additional 300 U.S. Border Patrol agents—the first increase since 2011.

The omnibus also included \$60 million to hire 125 CBP officers and \$70 million for non-intrusive inspection technology to detect narcotics and firearms at ports of entry.

In October of 2023, the Biden administration sent Congress a supplemental funding request, which included an additional \$13.6 billion for border security.

Yet House Republicans refuse to schedule a vote on this funding request, which would provide the Biden administration the resources it needs to secure the border and provide additional support for communities receiving migrants.

More specifically, this supplemental funding would pay for the following:

an additional 1,300 Border Patrol agents;

375 immigration judges and 1,600 asylum officers to speed up processing of asylum claims;

1,000 CBP officers with a focus on countering fentanyl;

new detection technology for ports of entry; additional investigative capabilities to combat fentanyl trafficking; and

\$1.4 billion more in grants to help communities receiving migrants, among other investments.

Democrats have put forward good faith bipartisan solutions to actually secure the border by expanding lawful pathways to relieve pressure on the border and adequately fund government agencies.

By forcing a vote on a meaningless resolution filled with empty rhetoric, Republicans are showing they have no real solutions to address the border. Members should not take the bait.

In sum, H. Res. 969, the resolution providing for debate on these above stated bills (H.R. 6914, H.R. 6918, and H. Res. 957), is a pitiful attempt to continue the politicization of our government's ability to function and to dismantle rights and protections currently in place for the Americans across the country.

All a vote would do is put every Republican who supports it on record pushing this extreme agenda.

This is not what Congress should be focused on. Democrats and President Biden will stay focused on putting people over politics and keeping our government funded and functioning for the American people.

As such, I ask my colleagues to vote no on this shameful resolution providing for debate on these highly politicized and dangerous bills.

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

AN AMENDMENT TO H. RES. 969 OFFERED BY
MS. SCANLON OF PENNSYLVANIA

At the end of the resolution, add the following:

SEC. 4. Immediately upon adoption of this resolution, the House shall proceed to the consideration in the House of the bill (H.R. 12) 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. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees; and (2) one motion to recommitt.

SEC. 5. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 12.

Mrs. FISCHBACH. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore. The question is on adoption of the resolution.

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

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

The yeas and nays were ordered.

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

RECESS

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

Accordingly (at 1 o'clock and 2 minutes p.m.), the House stood in recess.

□ 1330

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WEBER of Texas) at 1 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Votes will be taken in the following order:

Adoption of House Resolution 969; and

Agreeing to the Speaker's approval of the Journal, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Pursuant

to clause 9 of rule XX, the remaining electronic vote will be conducted as a 5-minute vote.

PROVIDING FOR CONSIDERATION OF H.R. 6914, PREGNANT STUDENTS' RIGHTS ACT; PROVIDING FOR CONSIDERATION OF H.R. 6918, SUPPORTING PREGNANT AND PARENTING WOMEN AND FAMILIES ACT; AND PROVIDING FOR CONSIDERATION OF H. RES. 957, DENOUNCING THE BIDEN ADMINISTRATION'S OPEN-BORDERS POLICIES, CONDEMNING THE NATIONAL SECURITY AND PUBLIC SAFETY CRISIS ALONG THE SOUTHWEST BORDER, AND URGING PRESIDENT BIDEN TO END HIS ADMINISTRATION'S OPEN-BORDERS POLICIES

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on adoption of the resolution (H. Res. 969) providing for consideration of the bill (H.R. 6914) to require institutions of higher education to disseminate information on the rights of, and accommodations and resources for, pregnant students, and for other purposes; providing for consideration of the bill (H.R. 6918) to prohibit the Secretary of Health and Human Services from restricting funding for pregnancy centers; and providing for consideration of the resolution (H. Res. 957) denouncing the Biden administration's open-borders policies, condemning the national security and public safety crisis along the southwest border, and urging President Biden to end his administration's open-borders policies, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the resolution.

The vote was taken by electronic device, and there were—yeas 198, nays 194, not voting 41, as follows:

[Roll No. 11]

YEAS—198

Aderholt
Alford
Allen
Amodei
Armstrong
Arrington
Babin
Baird
Balderson
Banks
Barr
Bean (FL)
Bentz
Bergman
Bice
Biggs
Bilirakis
Bishop (NC)
Boebert
Bost
Brecheen
Buchanan
Buck
Bucshon
Burchett
Burgess
Burlison
Calvert
Carey

Carl
Carter (GA)
Carter (TX)
Chavez-DeRemer
Ciscomani
Cline
Cloud
Clyde
Cole
Collins
Comer
Crane
Crawford
Crenshaw
Curtis
D'Esposito
Davidson
De La Cruz
Diaz-Balart
Donalds
Duncan
Dunn (FL)
Edwards
Ellzey
Estes
Fallon
Feenstra
Ferguson
Finstad

Fischbach
Fitzgerald
Fitzpatrick
Fleischmann
Flood
Foxy
Franklin, Scott
Gaetz
Gallagher
Garbarino
Gimenez
Gonzales, Tony
Good (VA)
Gooden (TX)
Graves (LA)
Green (TN)
Greene (GA)
Griffith
Grothman
Guest
Guthrie
Hageman
Harris
Harshbarger
Hern
Higgins (LA)
Hill
Hinson
Houchin

Hudson
Huizenga
Hunt
Issa
Jackson (TX)
James
Johnson (LA)
Johnson (OH)
Johnson (SD)
Jordan
Joyce (OH)
Joyce (PA)
Kean (NJ)
Kiggans (VA)
Kiley
Kim (CA)
Kustoff
LaHood
LaLota
LaMalfa
Lamborn
Langworthy
Latta
LaTurner
Lawler
Lee (FL)
Lesko
Letlow
Loudermilk
Lucas
Luetkemeyer
Luna
Luttrell
Mace
Malliotakis
Maloy
Mann

Adams
Aguilar
Allred
Amo
Auchincloss
Balint
Barragan
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Bonamici
Bowman
Boyle (PA)
Brown
Budzinski
Bush
Caraveo
Carbajal
Cárdenas
Carson
Cartwright
Casar
Case
Casten
Castor (FL)
Castro (TX)
Cherfilus-
McCormick
Chu
Clark (MA)
Clarke (NY)
Clyburn
Connolly
Correa
Courtney
Craig
Crockett
Crow
Cuellar
Davids (KS)
Davis (IL)
Davis (NC)
Dean (PA)
DeGette
DeLauro
DelBene
Deluzio
DeSaulnier
Dingell
Escobar
Eshoo
Espallat
Evans
Fletcher
Foster
Foushee
Frankel, Lois
Frost

Mast
McCaull
McClain
McClintock
McCormick
McHenry
Meuser
Miller (IL)
Miller (OH)
Miller (WV)
Miller-Meeks
Mills
Molinaro
Moolenaar
Mooney
Moore (AL)
Moore (UT)
Moran
Murphy
Newhouse
Norman
Nunn (IA)
Oberholte
Owens
Palmer
Pence
Perry
Pfluger
Posey
Reschenthaler
Rodgers (WA)
Rogers (AL)
Rose
Rosendale
Rouzer
Rutherford
Salazar

NAYS—194

Gallego
Garamendi
Garcia (IL)
Garcia (TX)
Garcia, Robert
Golden (ME)
Goldman (NY)
Gomez
Gonzalez,
Vicente
Gottheimer
Green, Al (TX)
Grijalva
Harder (CA)
Higgins (NY)
Himes
Horsford
Houlahan
Hoyer
Hoyle (OR)
Huffman
Ivey
Jackson (IL)
Jackson (NC)
Jackson Lee
Jacobs
Jayapal
Jeffries
Kamlager-Dove
Kaptur
Keating
Kelly (IL)
Khanna
Kildee
Kilmer
Kim (NJ)
Krishnamoorthi
Kuster
Landsman
Larsen (WA)
Larson (CT)
Lee (CA)
Lee (NV)
Lee (PA)
Leger Fernandez
Levin
Lofgren
Lynch
Magaziner
Manning
Matsui
McBath
McClellan
McCollum
McGarvey
McGovern
Meeks
Menendez
Meng
Mfume

Schweikert
Scott, Austin
Self
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smucker
Spartz
Staubert
Steel
Stefanik
Steil
Steube
Tenney
Thompson (PA)
Tiffany
Timmons
Turner
Valadao
Van Drew
Van Dyne
Van Orden
Wagner
Walberg
Waltz
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams (NY)
Williams (TX)
Wilson (SC)
Wittman
Womack
Yakym
Zinke

Morelle
Moskowitz
Moulton
Mrvan
Mullin
Nadler
Napolitano
Neal
Neguse
Nickel
Ocasio-Cortez
Omar
Pallone
Panetta
Pappas
Pascrell
Payne
Pelosi
Peltola
Perez
Peters
Pettersen
Pingree
Pocan
Porter
Pressley
Quigley
Ramirez
Raskin
Ross
Ruiz
Ruppersberger
Ryan
Salinas
Sánchez
Sarbanes
Scanlon
Schakowsky
Schiff
Schneider
Schrier
Scott (VA)
Scott, David
Sherman
Sherrill
Slotkin
Smith (WA)
Sorensen
Soto
Stansbury
Stanton
Stevens
Strickland
Swalwell
Sykes
Takano
Thanedar
Thompson (CA)
Thompson (MS)
Titus