

That is why the Forest Service and BLM require operating plans and agreements for maintenance and vegetation of these lines through our public land.

This amendment aims to improve the process and make it easier for utility companies to complete that work, especially when hazardous conditions exist. That is a good thing, and we should all support it.

I should mention that it doesn't fix the underlying problem with section 203 of the bill, which includes some language that will have unintended consequences on this issue.

Utility line operators are already responsible and liable for hazard tree mitigation around their lines, but the Forest Service has told us that the current language in this bill could potentially increase liability for utilities by a factor of 15 making it even more challenging for them to get the insurance that they need to operate.

Utility lines often spark fires. We need to make sure they are operated more safely and efficiently, but it is also critical that whatever relief we seek is carefully drafted and thoughtfully drafted.

Mr. Chair, unfortunately, there is still a lot of work to do on the underlying parts of this bill. Hopefully, that work will take place in the Senate.

Mr. CARBAJAL. Mr. Chairman, I think my amendment provides a glimmer of hope in this bill that certainly could use some improvements. I am happy that my amendment is being considered.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. CARBAJAL).

The amendment was agreed to.

The Acting CHAIR. There being no further amendments, under the rule, the committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mrs. FISCHBACH) having assumed the chair, Mr. GIMENEZ, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 471) to expedite under the National Environmental Policy Act of 1969 and improve forest management activities on National Forest System lands, on public lands under the jurisdiction of the Bureau of Land Management, and on Tribal lands to return resilience to overgrown, fire-prone forested lands, and for other purposes, and, pursuant to House Resolution 53, he reported the bill, as amended by that resolution, back to the House with sundry amendments adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment reported from the Committee of the Whole? If not, the Chair will put them en gros.

The question is on the amendments. The amendments were agreed to.

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

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

The SPEAKER pro tempore. The question is on passage of the bill.

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

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

The yeas and nays were ordered.

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

BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT

Mr. ROY. Mr. Speaker, pursuant to House Resolution 5, I call up the bill (H.R. 21) to amend title 18, United States Code, to prohibit a health care practitioner from failing to exercise the proper degree of care in the case of a child who survives an abortion or attempted abortion, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. FULCHER). Pursuant to House Resolution 5, the bill is considered read.

The text of the bill is as follows:

H.R. 21

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Born-Alive Abortion Survivors Protection Act".

SEC. 2. FINDINGS; CONSTITUTIONAL AUTHORITY.

(a) FINDINGS.—Congress finds as follows:

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

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

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

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

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

SEC. 3. BORN-ALIVE INFANTS PROTECTION.

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

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

"(a) REQUIREMENTS FOR HEALTH CARE PRACTITIONERS.—In the case of an abortion

or attempted abortion that results in a child born alive (as defined in section 8 of title 1, United States Code (commonly known as the 'Born-Alive Infants Protection Act')):

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

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

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

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

"(b) PENALTIES.—

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

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

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

"(d) CIVIL REMEDIES.—

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

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

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

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

"(C) punitive damages.

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

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

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

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

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

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

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

"(ii) to remove a dead unborn child.

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

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

“1532. Requirements pertaining to born-alive abortion survivors.”.

(c) CHAPTER HEADING AMENDMENTS.—

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

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

The SPEAKER pro tempore. The bill shall be debatable for 1 hour, equally divided and controlled by the majority leader and the minority leader, or their respective designees.

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

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

GENERAL LEAVE

Mr. ROY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 21.

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

There was no objection.

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

Mr. Speaker, the Born-Alive Abortion Survivors Protection Act protects one of our most vulnerable populations; innocent children.

I am proud that at the beginning of the 119th Congress, we are taking this step toward protecting life and the fundamental rights of our most vulnerable American citizens.

We are all too familiar with the horrors of abortion and the unchecked power of the abortion industry. We know it is simply common sense to provide lifesaving care to those babies who survive an abortion.

In 2013, Jill Stanek testified before the House Committee on the Judiciary about the horrific realities of being a nurse and seeing children being aborted alive and left to die alone in a dirty utility closet.

I can hardly believe that those words are coming out of my mouth standing here on the floor of the House of Representatives, in this, the beacon of hope for people around the world.

She said: I was traumatized and changed forever by my experience of holding a little abortion survivor for 45 minutes until he died, a 21- or 22-week-old baby who had been aborted because he had Down syndrome. That is hard to believe.

One of my guests for the inauguration, one of my dear friends from Austin, Texas, a somewhat well-renowned musician and songwriter, brought his son who has Down syndrome and is such a blessing to this world.

That child, as well as this child that was left to die alone in a dirty utility closet, was and is a fellow human being, a fellow American whose right to life should have been protected by the law. Congress cannot stand by and allow this type of suffering. We have both a moral and a constitutional duty here.

This legislation is simple: The Born-Alive Abortion Survivors Protection Act requires that infants born alive under an attempted abortion receive the same protection under the law and degree of care of any newborn, combined with, by the way, the penalties associated with those who would ignore their duty under the law.

Mr. Speaker, it is a commonsense measure. Unfortunately, as evidenced by comments from many of my Democrat colleagues, not everyone believes that a child born alive should be protected.

In 2019, then-Virginia Governor Northam stated: “The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that is what the mother and the family desired, and then a discussion would ensue between the physicians and the mother,” said the Democrat Governor of Virginia.

This blatant disregard for human life has no place in the medical profession in our country.

Last Congress, unfortunately, only one Democrat voted in favor of the Born-Alive Abortion Survivors Protection Act and another voted “present.”

My Democrat colleagues send a clear message to the American people that these innocent lives are not worthy of protection and those who intentionally let infants die after birth should not be held accountable.

If a baby American, a fellow American, is lying on a table dying and we cannot, as Congress, as the leaders of this country and the leaders of the free world, cannot say that under the language of the 14th Amendment of the United States Constitution, under the language of the Declaration of Independence that animates our Constitution, and under the privileges of immunities—the roots of which are found in English common law that create the bedrock of our entire justice system—then we need to make sure that that child is protected even and especially because of its defenseless nature.

Mr. Speaker, that is our duty. That is why I rise in support of this legislation. That is why I urge my colleagues to support this legislation, and I reserve the balance of my time.

□ 1400

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

Mr. Speaker, while their leader boasts of pardoning hundreds of con-

victed violent felons who attacked and brutalized 140 police officers in this building, the party formerly of Abraham Lincoln in Congress today is working to create a new crime and to perfect three great GOP legislative arts visible this week: Number one, complete legislative redundancy; two, interfering in other families’ private lives to prey on their tragedies and medical catastrophes; and, three, threatening to send American doctors to jail.

Mr. Speaker, I yield 3 minutes to the very distinguished Congresswoman from the Third District of Minnesota (Ms. MORRISON) who is a mother of three, an OB/GYN, and a former State legislator serving in her first term. This is her first speech on the House floor.

Ms. MORRISON. Mr. Speaker, today I rise not only as the Congresswoman from Minnesota’s Third District but as an OB/GYN who has had the honor and privilege of caring for patients for more than 20 years.

As I have said many times throughout those years, being an obstetrician is the greatest job in the world. Being present and helping people during one of the most joyful moments of their lives is an incredible privilege. It is also a serious responsibility.

On most days it is the best job in the world, but sometimes it can be absolutely tragic and heartbreaking. Sometimes medical complications can prevent a patient’s dreams of building her family from coming true. The moment when a patient and her family learn about a lethal fetal medical condition that is incompatible with life is devastating. The pain and the grief in that moment is unfathomable. You can never unhear the mother’s cries of despair.

Meeting each patient where they are and making a care plan that meets their needs is essential. Knowing that their baby will not survive, some want to plan a delivery that enables them to meet and hold and care for their baby for the precious little time they have together, the time and the space to say good-bye.

This shameful legislation would insert the government into this tragic situation and deny families the care they want for their baby. Instead of allowing parents to hold their dying baby, this bill would require doctors to forcibly take the dying baby from their parents and, even though there is no chance of survival, place the baby directly on a medical table under bright lights and perform interventions that will not work.

Sometimes it is chest compressions, intubation, when a breathing tube is placed in the baby’s trachea, and IV lines. If those measures were not taken, the doctor could be charged with murder.

This bill is cruel. It singles out patients who are facing the worst days of their lives. This bill does not solve a

problem. Doctors are already both honored and obligated to provide appropriate care for their patients. It is illegal to kill a newborn infant in all 50 States.

This bill is designed to confuse, to frighten, and to misinform people and criminalize medical providers. It would inflict further and unnecessary tragedy and trauma on patients and their families. We should do everything we can to support pregnant women, mothers, families, and their care providers, not attack them.

Mr. Speaker, I stand before you as an obstetrician on behalf of patients and providers across the country, who should never be subjected to this cruel and harmful mandate. I implore my colleagues to reject this legislation.

Mr. ROY. Mr. Speaker, I would note another abortion survivor, Melissa Ohden, testified before the House Judiciary Committee in 2015.

"You wouldn't know it by looking at me today, but in August of 1977, I survived a failed saline infusion abortion. . . . I know where children like me were left to die at St. Luke's hospital—a utility closet."

Mr. Speaker, I now recognize the gentlewoman from Minnesota (Mrs. FISCHBACH) for 2 minutes.

Mrs. FISCHBACH. Mr. Speaker, I rise in strong support of the Born-Alive Abortion Survivors Protection Act. Democrats are trying to distort this issue and this bill. They are trying to mislead the public, claiming that this is an attack on abortion rights and privacy and all kinds of things. What it is, is nothing like the situation that my colleague from Minnesota spoke about.

We only need to look at the actual language of this bill: "To prohibit a health care practitioner from failing to exercise the proper degree of care in the case of a child who survives an abortion or attempted abortion." These are the same words the clerk read when we began this debate.

I am absolutely appalled that we have to dictate in law that a newborn baby is a patient and not medical waste. The fact is Democrat lawmakers all over the country are pushing legislation to give abortion providers an out from providing care to babies born after failed abortions.

Babies born after a botched abortion are living human beings with blood in their veins and a beat in their hearts just like us. They deserve the same standard of care that any baby at the same age would receive.

Is providing medical care too much to ask? This bill is not about abortion. It is about medical care for babies. I will repeat this. This bill is not about abortion. It is about medical care for babies.

Mr. Speaker, I am so grateful that Representative ANN WAGNER is leading the Born-Alive Abortion Survivors Protection Act. I am honored to be a cosponsor. I urge everyone to support this bill and support medical care for babies. I urge a "yes" vote.

Mr. RASKIN. Mr. Speaker, I yield 2 minutes to the gentlewoman from Massachusetts (Ms. CLARK), the minority whip.

Ms. CLARK of Massachusetts. Mr. Speaker, Republicans have one goal today, and that is a march toward a national abortion ban. They want it so desperately that now through this bill they are treating doctors like criminals, demonizing heartbroken women, and accusing mothers of killing their newborn healthy infants.

I will mention what happened to me. It is a story that can be told by so many women in this country. I learned during a routine sonogram that the doctors could no longer pick up a heartbeat. I was devastated by this news. My doctor said that I would need abortion care to prevent infection.

I asked for more time so I could go home and somehow hope that this could all be reversed. When the time came and I needed to have this procedure to protect my own health and be the mother I wanted to be for my children, I asked one more time to please check that that heartbeat was there before they did this procedure.

These are horrible, painful situations that women, families, and expectant parents find themselves in. When politics are introduced into these moments of grief, they have real consequences for people. When Republicans continue to threaten doctors with prison, what have they achieved? They have gutted reproductive healthcare in this country.

OB/GYNs are fleeing States with abortion bans and leaving the field all together. Today, one-third of all counties in our country have no obstetric care. There are no doctors to help women deliver babies safely. For example, under Georgia's abortion ban, currently half of the counties don't have a single obstetrician.

Mr. Speaker, if Republicans truly care about the lives of women and children, they will vote "no" on this bill.

Mr. ROY. Mr. Speaker, I yield 5 minutes to the gentlewoman from Missouri (Mrs. WAGNER), the lead author of this legislation.

Mrs. WAGNER. Mr. Speaker, I thank Mr. ROY, my friend from Texas, for yielding to me.

Mr. Speaker, I rise today in very strong support of H.R. 21, the Born-Alive Abortion Survivors Protection Act, legislation that I have been blessed and honored to lead since 2019.

Today, thanks to the Herculean efforts of the pro-life movement, the American people have finally regained the power back from the courts to decide how to protect the most vulnerable among us.

However, Congress has a clear role to play when it comes to protecting newborn infants, babies who have been delivered alive and are experiencing their first moments in the world. All children should be welcomed with joy and wonder, no matter the circumstances of their birth. Yet, too many of these

little ones are denied the medical care that they need to survive and thrive simply because they are unwanted.

This commonsense legislation will require healthcare providers to administer the same level of care to babies who survive abortions that they would to any other child born at the same gestational age. That is it.

Mr. Speaker, I believe that life is a miracle and children are a blessing. As a proud grandmother of four with a fifth coming any day now—hang in there, Julia—I have watched my own children grow into wonderful, loving parents. I have had the joy of experiencing the world through their eyes, the eyes of my grandchildren.

It breaks my heart to think of the infants who were denied the opportunity to share their light with us and were instead deemed unwanted and left to die. We must remember today that children are not the only victims of born-alive abortions. Mothers, fathers, families, and whole communities all suffer deeply from the loss of a child.

Mr. Speaker, we must act with compassion to protect each little one and give women a strong support system as they navigate the miracles and challenges of motherhood. This bill will save real lives, and it will give survivors a precious chance to build a future.

This is a historic time with a pro-life House, a pro-life Senate, and a pro-life administration. I am so proud that one of our first acts in the House this Congress will be ensuring that every single baby born in the United States receives lifesaving medical care at their most vulnerable moment.

I express my gratitude to the co-leads of this bill, Representative CAMMACK and Majority Leader SCALISE, to the leadership of this Congress, and especially to the multitude of champions for life across the country, for their tireless work in support of the unborn.

Finally, I implore my Democratic colleagues to put aside politics and stand in support of lifesaving care for these innocent newborns as they did when it passed the House in 2015, in 2018, and, yet again, in 2022.

Mr. Speaker, I urge every Member of the House to vote "yes" on H.R. 21, the Born-Alive Abortion Survivors Protection Act.

Mr. RASKIN. Madam Speaker, I yield 3 minutes to the distinguished gentleman from the 26th District of New York (Mr. KENNEDY), a father of three and the still-bereaved father of Brigid Nicole.

Mr. KENNEDY of New York. Madam Speaker, I rise today to oppose H.R. 21, an assault on women's healthcare and fundamental rights. On October 19, 2007, my wife Katie gave birth to our beautiful baby girl, Brigid Nicole Kennedy. My wife and I had lost some pregnancies. We were so excited when we got the news she was expecting. It was a girl, and we named her Brigid. She was kicking and doing all the things a

parent would expect during a pregnancy.

Six weeks before my wife gave birth, we went for an ultrasound and received the worst news imaginable. Brigid was diagnosed with hydrops fetalis, compressing her lungs with fluid, putting her and my wife's life in danger. We were devastated. The only answer was to terminate the pregnancy in order to save the life of my wife whose health was becoming more and more threatened.

It was a choice we did not want to make. It was a choice we had to make. We wanted our baby more than anything. We saw doctors, specialists, and neonatologists. We traveled where we were promised we would receive the best care. If there was something we could do to bring her safely into this world, we did it.

□ 1415

We embraced each other as a family and prayed.

Then, with the guidance of our doctors, knowing that we were losing our child, knowing that she would be born and we would have only a very short period of time with her, we chose palliative care to keep our daughter comfortable and to love her during her time on Earth.

Baby Brigid, who was already loved, would not live the beautiful life we had dreamed for her.

We had to schedule what we knew would be a devastating delivery for the sake of my wife's health. We held her, baptized her, and sent her on to the Lord. She was with us for only 4 minutes. We watched our baby girl become our baby angel, and our lives were transformed forever.

As we faced one of our darkest days as a family, the last thing we needed was legislation that served to stand between the health of my wife, unborn child, and the future of our family.

If this bill had been law, doctors would have been required to whisk Brigid away from us, inhumanely poke and prod our baby girl with tubes, needles, and IVs, causing her needless pain, suffering, and torture.

My wife and I would have been robbed of those precious minutes with our baby Brigid. It would have eviscerated the one moment my wife and I cling to as baby Brigid's parents.

It would have only added to our pain, hurt, and helplessness—that is, if they would have performed the procedure at all, for fear of breaking the law and going to jail or losing their license in order to save my wife.

I thank my wife, Katie, for allowing me to share our story, and I share it because it is not ours alone.

Countless women and families with dreams for their children and their future face difficult decisions and unthinkable circumstances every day. Our government has no business intruding on a family's deeply personal medical decisions, yet the Supreme Court's Dobbs decision has opened the

floodgate for States to rob women and families of the ability to make healthcare choices with their doctors, including the very difficult choice to access safe, legal, and oftentimes medically necessary abortions.

The SPEAKER pro tempore (Ms. MALOY). The time of the gentleman has expired.

Mr. RASKIN. Madam Speaker, I yield an additional 20 seconds to the gentleman from New York.

Mr. KENNEDY of New York. Madam Speaker, they are now using this bill, built on a despicable lie rooted in neither medicine nor science, to restrict access to abortion nationwide. It would levy criminal charges against healthcare practitioners and providers, jeopardizing their ability to deliver proper medical care to women. It impacts people all over this country.

Madam Speaker, today, I will vote "no" on H.R. 21, and I urge my colleagues to do the same. Vote "no" to criminalizing healthcare and "no" to imposing more hurt on families facing very difficult days.

The morning after we said good-bye to Brigid, I woke up in the hospital and a rainbow appeared. It was a sign from above that our baby girl, Brigid Nicole, was home in Heaven.

Mr. RASKIN. Madam Speaker, I thank Mr. KENNEDY, Ms. MORRISON, and Ms. CLARK for their poignant, riveting personal testimonies. I hope our colleagues are listening to our colleagues over here.

This bill is all about demonizing women, threatening doctors, exploiting other people's tragedies, and dividing the country.

Madam Speaker, I reserve the balance of my time.

Mr. ROY. Madam Speaker, our heart goes out to our colleagues who have suffered personal tragedies. Unfortunately, none of the things that were just ascribed to this bill are true. The bill does none of those things.

Madam Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. SMITH), my friend and co-chair of the Pro-Life Caucus.

Mr. SMITH of New Jersey. Madam Speaker, I thank my friend for yielding, and I thank ANN WAGNER for her tremendous leadership and courage in authoring this important bill.

Madam Speaker, in a Florida abortion clinic, Sycloria Williams delivered a perfectly healthy, live baby girl at 23 weeks.

The clinic owner took the baby, who was gasping for air, cut her umbilical cord, threw her into a biohazard bag, and put the bag into the trash like so much garbage.

Heartbroken, Ms. WILLIAMS later had a funeral for her baby girl she named Shanice.

Madam Speaker, why are these live births so little known? We are talking about, in most cases, perfectly healthy babies who are killed but they survive.

The Philadelphia Inquirer did a cover story years ago called "The Dreaded

Complication." In it, the abortionists were complaining that so many children were surviving late-term abortions and they didn't know what to do. The partial-birth abortion ban, where the baby's brains are sucked out—we did the ban, but the actual procedure—was, in part, in response to that. They wanted to ensure that the baby was dead.

In that article, Dr. Willard Cates, former head of the Centers for Disease Control and Prevention's abortion surveillance unit, said: Live births are little known because organized medicine, from fear of public clamor and legal action, treats them more as an embarrassment to be hushed up than a problem to be solved. It is like turning yourself in to the IRS for an audit. What is there to gain? The tendency is not to report because there are only negative incentives.

Philadelphia abortionist Kermit Gosnell, one of the few who got caught, was convicted of murder for killing so many children and women in his abortion clinic in Philadelphia. The grand jury described it this way: Gosnell had a simple solution for unwanted babies: He delivered them. He killed them. He didn't call it that. He called it ensuring fetal demise. The way he ensured fetal demise was by sticking scissors into the back of the baby's neck and cutting the spinal cord. He called that snipping.

These children are not junk. They cannot be treated as so much garbage. This legislation tries to say we need to protect them once they are born after the abortion.

The Born-Alive Abortion Survivors Protection Act seeks to end or at least mitigate this egregious child abuse by requiring that a healthcare provider must—and this is from the bill—exercise the same degree of professional care, skill, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious healthcare practitioner would render to any other child born alive.

Why can't we have that standard to try to save that child? The bill empowers the women upon whom the abortions are performed to obtain appropriate relief through civil action. We passed a bill like this when STEVE CHABOT was the prime sponsor years ago, but the enforcement has been almost nil if not none.

This is humane, pro-child, pro-human rights legislation, and I hope my colleagues on the other side realize these children have great value and should not be treated like junk.

Mr. RASKIN. Madam Speaker, I appreciate the passionate vehemence of the gentleman, but the whole substance of his argument completely undercuts the meaning of their bill.

In the case that I could hear him talking about, Kermit Barron Gosnell was an American serial killer who indeed engaged in precisely the conduct the gentleman is talking about and was convicted of murder in Pennsylvania, in Philadelphia.

Infanticide is against the law in 50 States in America, and this guy was picked up for the conduct the gentleman spoke of. He was prosecuted for it, and he was sent to jail.

Mr. SMITH of New Jersey. Will the gentleman yield?

Mr. RASKIN. No.

Madam Speaker, I would like my time restored.

I yield 1 minute to the gentlewoman from Pennsylvania (Ms. SCANLON), the distinguished ranking member of the Subcommittee on the Constitution and Limited Government.

Ms. SCANLON. Madam Speaker, we are here again because Republicans have prioritized a bill designed to make headlines, not good law.

H.R. 21 is designed to mislead the public about those who need abortion care and the doctors who provide that care.

Let's be clear. As stated, the law of the land is that doctors have an obligation to provide appropriate medical care to their patients, including infants, and no one here is advocating for infanticide.

This bill goes further than restating the current law, and it is our job here to read the fine print. This bill would create harsh criminal and financial penalties for doctors and clinicians providing medically necessary and appropriate care to their patients.

As Representative KENNEDY's heart-breaking testimony just made clear, every pregnancy is different. Patients and providers have to be able to make the healthcare decisions that are right for their families without politicians mandating a one-size-fits-all approach and threatening healthcare providers who disagree.

Republican extremists can continue attacking healthcare providers and women's fundamental freedoms, but we are going to keep fighting to ensure that women can make their own healthcare decisions.

Mr. ROY. Madam Speaker, I yield 1½ minutes to the gentleman from North Carolina (Mr. MURPHY).

Mr. MURPHY. Madam Speaker, I am a healthcare provider, and I have been one for 30 years.

I rise today in support of the Born-Alive Abortion Survivors Protection Act to protect the lives of our country's most innocent. This is not about abortion.

As a physician, it is beyond my comprehension that anyone would not intervene to save an innocent and defenseless human life. I cannot in my deepest soul understand how anyone would not come to the aid of a helpless infant child. Neglect, in this instance, when the baby is outside the mother's body, is murder, plain and simple.

There have been so many instances of individuals who are alive today who were saved after an attempted abortion. They testify how their life was saved because some physician abided by their oath to do no harm, *primum non nocere*.

The child is born alive. It is not part of the mother's body. This is not about abortion. Neglect is harm. Neglect is immoral. Abortion is not the issue.

I strongly support this bill, the Born-Alive Abortion Survivors Protection Act, and I urge my colleagues to do the same. I urge my colleagues across the aisle to understand the delineation between an abortion and trying to save the life of someone who survives an abortion.

Mr. ROY. Madam Speaker, I appreciate the powerful words of my friend from North Carolina, and I reserve the balance of my time.

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. NADLER).

Mr. NADLER. Madam Speaker, I strongly oppose this legislation, which is not rooted in medical realities.

Physicians do not abort babies after birth, period. Healthcare providers have always been legally required to provide appropriate care. Patients and providers must be free to make health decisions based on their circumstances without political interference.

I will tell you what this bill would do. It will cause more pain and suffering for families who are already facing an extraordinarily heartbreaking situation. In many cases, it may be safer and healthier to treat a baby at the birth location rather than wasting precious time traveling to a hospital. This bill would take that medical judgment away from doctors and give it to politicians, putting infants' lives at greater risk. That is outrageous.

This bill is not about protecting children. It is about controlling women's lives. Republicans campaigned on the promise that they would not ban abortion, yet here we are in the first month of the new Congress and the GOP has already brought this cruel bill to the floor in an effort to advance a dangerous agenda to ban abortion nationwide, although this bill really will ban no abortions at all but rather threaten the lives of some newborns. It is shameful.

Madam Speaker, I urge my colleagues to reject this bill.

Mr. ROY. Madam Speaker, I yield 1½ minutes to the gentleman from Missouri (Mr. ONDER).

Mr. ONDER. Madam Speaker, today, I rise in strong support of H.R. 21, the Born-Alive Abortion Survivors Protection Act.

This legislation says that infants who are born alive after an attempted abortion are entitled to the same respect and medical care that would be provided to an infant of the same gestational age.

In some late-term abortions, the abortionist is unsuccessful at ending the life of the baby, and the baby is born alive. Babies are able to move and breathe on their own. Even pro-abortion academics admit this is often the case, and it is not rare.

A June 2024 article published in the American Journal of Obstetrics & Gyn-

ecology found that of 14,000 second-trimester abortions, over 1,500 babies were born alive, a rate of 11.2 percent.

This legislation unfortunately is necessary due to heartbreaking reports of abortionists in the United States placing these living, breathing babies in biohazard bags, vats of formaldehyde, or storing them away in a utility closet to die alone. In that sense, there is a complete analogy between what goes on in these abortions, after these abortions, and what Kermit Gosnell did and languished in prison for.

This commonsense legislation requires that abortion survivors be treated with dignity. Remember, this bill applies to the baby's right to care after a baby is born alive and has no implication for abortion or the mother's health.

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

Mr. ROY. Madam Speaker, I yield an additional 10 seconds to the gentleman from Missouri.

Mr. ONDER. Madam Speaker, I thank the gentlewoman from my home State of Missouri for bringing forward this important bill.

□ 1430

Mr. RASKIN. Madam Speaker, I include in the RECORD a letter calling this a dangerous government intrusion into medical care which injects politicians into the patient-provider relationship, signed by The American College of Obstetricians and Gynecologists, the American Academy of Nursing, the American Academy of Pediatrics, the American Public Health Association, the American Society for Reproductive Medicine, the Society for Maternal-Fetal Medicine, and a dozen other organizations.

JANUARY 22, 2025.

DEAR MEMBERS OF CONGRESS: We, the undersigned medical and health professional organizations, stand in strong opposition to H.R. 21/S. 6. This bill represents a dangerous government intrusion into medical care.

H.R. 21/S. 6 is a departure from current law. It injects politicians into the patient-provider relationship, disregarding health care professionals' training and clinical judgment and undermining their ability to determine the best course of action with their patients. Patients need and deserve access to compassionate and appropriate medical care. Every patient needs to be able to make the decision that is best for them and their family. H.R. 21/S. 6 would impose criminal and civil penalties on clinicians that could chill the provision of care by those who work with high-risk patients in complicated situations, limiting access for their patients.

Abortion is safe and is a component of comprehensive medical care. Health care professionals who provide abortion care comply with existing laws and provide excellent care. People seeking abortion care, including those with pregnancy complications, deserve the highest quality medical treatment based on their individual health circumstances. H.R. 21/S. 6 seeks to undermine access to abortion by stigmatizing the health care professionals who provide essential care.

We urge lawmakers to oppose the insertion of politics into medicine and vote against H.R. 21/S. 6.

Sincerely,

American College of Obstetricians and Gynecologists, American Academy of Nursing, American Academy of Pediatrics, American Association of Child and Adolescent Psychiatry, American College of Nurse-Midwives, American College of Physicians, American Gynecological & Obstetrical Society, American Psychiatric Association, American Public Health Association.

American Society for Reproductive Medicine, American Society of Hematology, Council of Chairs of Obstetrics and Gynecology, Infectious Diseases Society for Obstetrics and Gynecology, National Association of Nurse Practitioners in Women's Health, North American Society for Pediatric and Adolescent Gynecology, Physicians for Reproductive Health, Society for Maternal-Fetal Medicine, Society of Family Planning.

Mr. RASKIN. Madam Speaker, I yield 1 minute to the distinguished gentlewoman from Georgia (Mrs. MCBATH), who is a member of the Judiciary Committee.

Representative MCBATH herself has experienced three miscarriages and had to give birth to a stillborn child.

Mrs. MCBATH. Madam Speaker, I had always wanted to start a family of my own, but like many women in America, I struggled to get pregnant. Some days I kept praying to God wondering if He was ever going to allow me to have a child at all. For far too many women in this country, the miracle of pregnancy often ends in tragedy.

Our State of Georgia has one of the worst rates of maternal death in this country, and Black mothers face even worse statistics. Now extremists want to mandate our healthcare decisions and intimidate our doctors with political games that cut off access to care, care that once saved my life.

My story is not unique. Lives are at risk, and I fear for the safety of families in Georgia and across the country if these attempts succeed.

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

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. KAMLAGER-DOVE).

Ms. KAMLAGER-DOVE. Madam Speaker, I rise today to call out the glaring hypocrisy of H.R. 21. Once again, the Republican Party is twisting the truth instead of telling the truth. With H.R. 21, Republicans claim they are saving lives of newborn babies. The last I checked, infanticide is already illegal in all 50 States.

This bill is the first step of the Republicans' radical agenda to make us less safe.

They boast about being the party of law and order. However, it seems that notion only applies when punishing women and healthcare providers, not the violent insurrectionists who stormed our Capitol on January 6. Shamefully, they don't seem to care about the five police officers who died as a result of January 6 or the 140 others who were injured.

What happened to Back the Blue?

They also don't seem to care about the women who have already died as a result of Donald Trump's extreme abortion ban. Apparently, not all lives matter.

The goal of H.R. 21 is clear: to further strip women of their fundamental rights by threatening doctors and healthcare providers with jail time.

Now Republicans want to lock up those who save lives while freeing cop killers?

It is radical and not what the American people want.

Madam Speaker, I urge my colleagues to stand with their constituents, not against them, and vote "no" on this dangerous, grossly hypocritical, and unnecessary bill.

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

Madam Speaker, my colleagues like to dismiss this as if it is not a real problem. Of course, those who have suffered through it, including the baby whom I described who was being held as it was dying for 45 minutes after such a grotesque procedure, beg to differ, as do the 143 babies whom the CDC, which is hardly a paragon of pro-life propaganda, writes that between 2003 and 2014 at least 143 babies died after being born alive.

This is hardly a fiction. This is hardly something that we should ignore.

Certainly, these are babies who are deserving of equal protection under the law. Our fellow Americans deserve protection.

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

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise in strong opposition to the Republicans' reproductive healthcare surveillance act.

This bill is the very definition of a wolf in sheep's clothing. It uses an intentionally scary title that simply doesn't happen. Babies born alive are not killed by abortions after birth.

Republicans pretend to protect families and pregnant women, but this bill is clearly another attempt to control a woman's body. It is a bill to wedge the government between couples and their doctor when facing incredibly difficult decisions.

This bill pushes lies and misinformation about pregnancy and abortion care. It targets women who received heartbreaking diagnoses of serious health complications, the kind of complications that puts the life of a fetus or their own life at risk.

That is why the American College of Obstetricians and Gynecologists strongly opposes this legislation. These are the very frontline medical professionals who provide care for women throughout their pregnancy.

We all know women who are suffering due to the Republicans' agenda that puts pregnant women in the crosshairs of their extremism.

Sadly, these tragic stories are not hard to find in my home State of Florida. Let's not create more of them.

Mr. Speaker, we must reject these attacks and stand up for women in our country. I urge my colleagues to vote "no."

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

Mr. Speaker, for those who were not here at the beginning, I would repeat the testimony of Jill Stanek. She testified before the House Judiciary Committee after seeing the horrific reality.

She was a nurse, and she saw a child being aborted who was alive and was left to die alone in a utility closet. She went over and held the little survivor for 45 minutes until the baby died. Again, the baby had been aborted because the baby had Down syndrome.

I want to remind Members that Virginia Governor Northam said: "The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that's what the mother and the family desired."

We are talking about a fellow living American baby. That is what we are talking about. We are not talking about abortion. We are talking about a child.

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

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the gentlewoman from New Mexico (Ms. LEGER FERNANDEZ), who is the chair of the Democratic Women's Caucus.

Ms. LEGER FERNANDEZ. Mr. Speaker, when I was pregnant, I ended up in an emergency room waving my ultrasound picture showing I was pregnant. I was so proud. After multiple miscarriages, I wanted to keep this pregnancy, so I didn't take anesthesia.

As I lay bleeding on that operating table, I could hear the doctors yelling: We are losing her. We are losing her.

My doctors had to worry about keeping me alive that day, but they didn't have to worry about going to jail for any decision I made.

However, today Republicans would criminalize reproductive healthcare nationwide. Women experiencing heartbreaking, life-threatening pregnancies will die on the operating table because doctors will be scared of going to jail for 5 years under this bill.

Republicans don't seem to care about the deadly consequences.

Do they care about women at all?

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

Mr. Speaker, there are a lot of strong women on this side of the aisle who beg to differ, including the lead author of the legislation.

I would note that my colleagues on the other side of the aisle refuse to focus on the main point, which is "born alive." We are talking about, again, a fellow living human being, a fellow American who is alive.

My colleagues don't want to address that because they know the horrors of that will not be accepted by the American people. We are just simply saying

that when you have a living human being, it should be protected and be given the same equal protection as any other American.

The fact of the matter is this is real life that we are dealing with.

Mr. Speaker, 284 babies were reported to have been born alive between 1997 and 2024. Florida alone reported 14 babies born alive in 2023. This is a real issue.

We are just simply saying that these precious babies, fellow Americans, deserve protection because they are alive. Under the Hippocratic oath, doctors should care for these living, fellow Americans.

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

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the distinguished gentlewoman from Oregon (Ms. BONAMICI), who is the mother of two wonderful grown children and a consumer advocate.

Ms. BONAMICI. Mr. Speaker, I rise to speak against this extreme legislation that would criminalize doctors. As we have heard, killing a baby is already against the law. What we should be doing is working together to get accurate healthcare information to anyone who is pregnant or who wants to be pregnant.

Here is a real story from Oregon. A county public health clinic closed, and when a local woman missed her period, she went to a so-called crisis pregnancy center. She got a test and an ultrasound.

The center said: You are pregnant. All is well. You should plan for a new baby.

A month later, she was hemorrhaging and went to the emergency department where the doctor diagnosed a uterine polyp and early cancer.

That blurry ultrasound she got at the crisis pregnancy center was not a baby. It was impacted stool in her colon. She was obviously and dangerously misdiagnosed.

Sadly, stories like this are not uncommon, which is why I will soon introduce the Stop Anti-Abortion Disinformation Act to prohibit unfair and deceptive advertising of services by crisis pregnancy centers. They often engage in deception to get people in, and then they mislead them about the services they provide and often tragically mislead them about their condition.

Now, that is a real problem and one that makes a compelling case not for this bill but for comprehensive reproductive healthcare.

Mr. Speaker, I urge a “no” vote on this bill.

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

Mr. Speaker, I was just handed by my pro-life, female legislative director information here about pregnancy centers.

Pregnancy resource centers nationwide serve millions of pregnant women and new mothers each year. These cen-

ters provide services and resources often at no charge and include ultrasounds, pregnancy testing, STD testing, diapers, clothing, and educational programs.

Private and public adoption agencies assisted approximately 115,000 adoptions in 2022. These are organizations and entities that want to protect life.

Again, I will note that my colleagues on the other side of the aisle will not address and do not want to address the simple purpose of this bill: protecting a living American from being allowed to die without having medical treatment provided to that child.

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

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the gentlewoman from Florida (Ms. LOIS FRANKEL), who is the chair emerita of the Democratic Women's Caucus and who is also a proud mother and grandmother.

Ms. LOIS FRANKEL of Florida. Mr. Speaker, here we go again. This bill is not about protecting anyone. It is about intimidating doctors and making it harder for women to get the care they need.

Let's be clear: Every baby born in this country is already protected under the law. The bill creates unnecessary rules that aren't based on medical facts or science. It threatens healthcare providers with jail for doing their job.

Instead of focusing on real issues like making healthcare more affordable or addressing the maternal healthcare crisis, Republicans are doubling down on their dangerous agenda of banning abortion nationwide.

Women deserve the freedom to make their own medical decisions without politicians getting in the way. That is why I strongly oppose this very deadly bill.

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

Mr. Speaker, we ask the mothers and fathers of America: Who do you want in the doctor's office with you making this decision, a medical decision, OB-GYNs and doctors who vehemently oppose this legislation, or the MAGA politicians who are applauding this week the release of hundreds of violent cop assaulting convicted felons.

The vast majority of American people reject this legislation and say: Let us trust the medical practitioners.

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

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

Mr. Speaker, if we are going to talk about jail and we are going to talk about who might be pardoned, then I am proud that President Trump seems to be on the verge of pardoning a large number of American citizens who have been put in jail at the hands of a weaponized Department of Justice against American citizens simply carrying out their First Amendment rights to speak out in defense of life.

For example, Lauren Handy, 31 years old—by the way, an active, progressive

activist for human rights—was put in jail for 57 months.

I am glad that it seems that President Trump is on the verge of pardoning Lauren Handy. Even though I disagree with her on a whole lot of issues, I was proud to sit with her and meet with her when she was being targeted for prosecution by the weaponized Department of Justice under Joe Biden to be put in jail because she is pro-life.

I think great things are going to happen.

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

□ 1445

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. JACOBS).

Ms. JACOBS. Mr. Chairman, it is sadly unsurprising to me that Members of this body know next to nothing about pregnancy or abortion care, which is why we should not be the ones getting involved in these decisions in the first place.

Let's clear a few things up for my colleagues. First of all, killing a baby is already illegal in all 50 States and the District of Columbia. It is called murder, and we already have criminal penalties for it. Second of all, no one—and I mean no one—goes through 8 or 9 months of pregnancy and all that comes with it, such as morning sickness, heartburn, swollen ankles, and all of the other uncomfortable and painful parts of pregnancy, and then, after 8 or 9 months of that, it is just like, no, I don't want to do this.

Only 1 percent of all abortions happen at 21 weeks or later. If they do, it is because of a serious fetal abnormality or the health of the mother.

If you are the one getting that news, it is heartbreaking. It is earth-shattering. The last thing families need is government to interfere with their access to care.

This bill isn't based on science or reality. It is a horrible, disgusting bill.

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

Mr. RASKIN. Mr. Speaker, my distinguished colleague from Texas keeps referencing his female staff and colleagues, but it seems like there has been a coed exodus from his side of the aisle as support for this bill vanishes. In the meantime, I don't have enough time, and I am happy to be yielded time to share with my colleagues.

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

Mr. ROY. Mr. Speaker, may I inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentleman from Texas has 8½ minutes remaining. The gentleman from Maryland has 9½ minutes remaining.

Mr. ROY. Mr. Speaker, I simply say I am proud to have my colleague here from Minnesota (Mrs. FISCHBACH), who is coed the last time I checked.

The fact of the matter, as my friend from Maryland and the last speaker is

trying to allude to here, when we are talking about it is already against the law and it is murder on the books, here is the problem: Down here in the District of Columbia, we have the D.C. five, which were very clearly full-term abortions. We have the bodies of five babies discovered in Washington outside of a Washington clinic.

As subcommittee chairman, I sent a letter to Washington, D.C., authorities to preserve the records. Biden's Department of Justice refused to look into this information, but the D.C. five reveals the uncomfortable truth about abortion and a reality that we are all dealing with here.

Again, I go back to the point. Talking about murder, we are also talking about babies being allowed to die and babies being allowed to sit there and literally gasp out their last breath rather than have doctors resuscitate those infants.

That is the truth that our colleagues on the other side of the aisle just simply do not want to recognize.

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

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. BYNUM), the distinguished Representative and mother of two.

Ms. BYNUM. Mr. Speaker, this extremist bill undermines women's access to healthcare. That is unacceptable, and it is, frankly, not what I was sent here to work on. I will be voting "no."

The evidence is clear. In States with less access to care, maternal mortality is higher, infant deaths are higher, and racial inequities are greater. These restrictions also make it harder for expectant mothers to receive the care they need in pregnancies with complications.

It is nonsense that my daughters have less rights than I did at their age. It is nonsense that we have had to decide with them where to live and where to go to school based on where they have rights. It is nonsense that my daughters are less safe because of government interference in their healthcare.

It is time that House Republicans put aside this foolishness and start focusing on real issues, like eliminating maternal mortality and increasing rural access to healthcare, like lowering costs and creating good jobs, like working across the aisle to deliver real results for real people.

Mr. ROY. Mr. Speaker, I yield 1 minute to the gentlewoman from Minnesota (Mrs. FISCHBACH), my good friend.

Mrs. FISCHBACH. Mr. Speaker, I have to bring this back to what we are talking about because I have heard so many passionate words from the other side, and the words have nothing to do with the bill that we have in front of us.

Like I mentioned before, this bill is about medical care for babies. It says it in the title. The clerk mentioned it. I

have mentioned it. It is about medical care for babies.

What we are trying to do here today is make sure that babies are treated with dignity and medical care that they will need so that babies aren't left to die in a closet alone and discarded like medical waste. We recognize the humanity of these babies. We ask for them to have medical care. That is what this is about.

Don't let the other side gaslight and pretend this is about abortion rights. This is about babies and medical care. I will continue to repeat that.

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the gentlewoman from Massachusetts (Ms. PRESSLEY), the co-chair of the Reproductive Freedom Caucus.

Ms. PRESSLEY. Mr. Speaker, it is another day under a Republican majority and of an antiscience, antifaiths healthcare agenda. I don't know which is worse: the cruelty or the ignorance on full display here across the aisle.

I would ask my colleagues if they have ever met or spoken to a woman who had abortion care late in pregnancy? If they had, what they would have heard her share is about the nursery that she lovingly decorated. If they had, what they would have heard her share was about the name that she picked out. If they had, then they would have heard her share about how her world collapsed all around her when learning of her baby's devastating medical diagnosis.

Let me be clear what my colleagues are doing here. The majority is not only putting women's lives at risk, but they want to deny them the chance to hold their baby who will not survive. I don't know what God my colleagues on the other side of the aisle serve. The God I serve is one of love and mercy and would not deny a mother final moments with a dying child or subject her to carrying a lifeless fetus around.

Republicans want to force their way into the exam room during one of the most impossible, dangerous moments in someone's life. When a family learns their baby has a fatal diagnosis and would be born with only a short time to live, some people make the decision to end the pregnancy so they can hold their baby during their final moments.

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

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

Ms. PRESSLEY. Mr. Speaker, how cruel it is that Republicans in Congress would deny them that small comfort? In these dire situations, families forego treatment which has no hope of saving their baby's life and instead spend time comforting them and saying good-bye. Physicians who care for families have shared how their patients spend this very limited devastating time with their infants.

Once again, we have ignorant, uninformed men who think they know better than doctors and mothers taking to

the House floor to deny us our medical care.

It is another day under a Republican majority. Enough.

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

Mr. Speaker, Gianna Jessen, another adult survivor of abortion, testified to the House Judiciary Committee in 2015, stating:

"... I was delivered alive in an abortion clinic in Los Angeles on April the 6th, 1977. ... Thankfully the abortionist was not at work yet. Had he been there, he would have ended my life with strangulation, suffocation, or leaving me there to die."

I will have plenty to answer for when I meet my maker and talk to the good Lord, for my life as a flawed and sinful human being, but I will not have to answer for not standing up in every which way that I possibly can to stop those kinds of horrors and to stand up for a fellow living American, a fellow living human being allowed to die, for the political whims of my colleagues on the other side of the aisle.

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

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the gentlewoman from New York (Ms. GILLEN), the distinguished Representative and mother of four.

Ms. GILLEN. Mr. Speaker, I rise in strong opposition to this bill. Since the disastrous Dobbs decision, we have seen nothing short of an all-out assault on women's reproductive rights and freedoms.

Make no mistake: This bill has nothing to do with its fallacious title. Infanticide is already a crime. Instead, this bill is aimed at deterring physicians from providing reproductive healthcare that many times is life-saving. I know this firsthand because when I was supposed to be thrilled by a 20-week sonogram, I got the devastating news that my daughter had no heartbeat. I needed to have an emergency abortion procedure to ensure that I could live to raise my two children already at home.

It is unthinkable that this law and laws like it are trying to strip my daughters of the same access to this healthcare. Americans want Congress to lower costs, secure our border, and create jobs; not interfere with heart-breaking family medical decisions. America's women deserve better. Our daughters deserve better.

Mr. RASKIN. Mr. Speaker, I thank the gentlewoman for her eloquent words. When will Republicans stop feeding on other people's tragedies? We don't need MAGA in the delivery room.

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

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

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. DEXTER), the mother of two and a critical care physician.

Ms. DEXTER. Mr. Speaker, I rise today in vehement opposition to this

bill, which amounts to legalizing physician intimidation and healthcare obstruction.

Killing infants after birth is murder. It is illegal everywhere in this country. This bill is a thinly veiled attempt to make healthcare providers fear that they will be criminally prosecuted or sued for giving lifesaving, legal healthcare.

Under this bill, infants born with a heartbeat but without any chance of survival must be subjected to immediate traumatizing life support rather than being allowed to die peacefully in their mothers' arms. This bill does nothing to save babies or protect mothers. Instead, it is a disgusting fear tactic, and it will absolutely exacerbate the already dire shortage of women's healthcare across this Nation.

Make no mistake: Women across this country will be harmed with this bill. No doctor should have to choose between administering the treatment their patient needs and going to jail, and no politician should be making decisions about any patient's healthcare.

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

Mr. Speaker, I would just note that, in the very text of the legislation, Congress finds: "One, if an abortion results in the live birth of an infant, the infant is a legal person for all purposes under the laws of the United States, and entitled to all the protections of such laws; two, any infant born alive after an abortion or within a hospital, clinic, or other facility has the same claim to the protection of the law that would arise for any newborn, or for any person who comes to a hospital, clinic, or other facility for screening and treatment or otherwise becomes a patient within its care."

That is hardly anything to do with what my colleagues on the other side of the aisle are talking about. We just heard one of my colleagues on the other side of the aisle describe very specifically, yes, what we are trying to say we shouldn't do, which is, after a procedure, an abortion or otherwise, if you have a living human being, that, yes, you should try to resuscitate and save that child.

Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. CLINE).

Mr. CLINE. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I know that this has been discussed already, but this has been talked about quite a bit in Virginia, and that is because our former Governor, Ralph Northam, was the one who really laid bare the horrible attitude on the left that, if a child is born with some abnormalities, that after that child is born, that child may not necessarily be given life-sustaining treatment. Instead, according to our former Governor, a conversation between the mother and the physician would ensue about whether or not to attempt to save this child's life after it had been born.

Mr. Speaker, this is a tragic story of just how far the left has gone, the atti-

tudes toward children born alive, and we must do all we can to stop this treatment of human beings.

Mr. RASKIN. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. SIMON), the mother of two, who, like so many women, was forced to make a choice when her child died in utero.

Ms. SIMON. Mr. Speaker, I thank the ranking member for yielding me time.

Mr. Speaker, I oppose this misleading bill that deeply will criminalize doctors who provide the most basic and emergency healthcare to women.

His name was Selah Weston. At 21 weeks, his faint heartbeat clapped right next to my daughter's. He was a twin. I was given the opportunity to go home, and perhaps Selah would expel himself from my body, but all three of us became septic.

I had to go back to the emergency room, and my OB/GYN sat with me and my then-husband, who is now, too, in Heaven, and gave us the opportunity to say either we go through this procedure, or you die, Lelah dies, and Selah dies.

I want Congress not to be in those conversations with OB/GYNs who have to mourn with women who are facing death.

Mr. Speaker, I strongly oppose this bill. If we want to talk about children, let's talk about childcare. Let's talk about housing. Let's talk about healthcare. We can come together and create beloved communities for our children and parents. This ain't it.

□ 1500

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

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

Ms. CHU. Mr. Speaker, H.R. 21 would rob families of the ability to make difficult, complicated medical decisions in some of the most heartbreaking circumstances imaginable. It is a mean-spirited solution in search of a problem.

Infanticide is already illegal in every State of the Union, and Congress unanimously affirmed this with a law in 2002, but this bill is not about saving lives. It is about spreading misinformation about abortion care to further anti-abortion talking points.

If the majority is interested in caring for newborns, I invite them to support Democrats' efforts to provide paid family leave to every new parent.

Republicans are welcome to join our efforts to expand the child tax credit to families struggling with paying the bills, and we would be thrilled to have bipartisan support in this Chamber to make childcare affordable everywhere.

Instead, House Republicans have brought up a bill designed to intimidate doctors and perpetuate disinformation about how abortion care really works.

For this reason, at the appropriate time, I will offer a motion to recommit

this bill back to committee. If the House rules permitted, I would have offered my bill, the Women's Health Protection Act, legislation that would create a Federal right to abortion care, free from medically unnecessary restrictions in all 50 States, in all ZIP Codes.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment into the RECORD immediately prior to the vote on the motion to recommit.

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

There was no objection.

Ms. CHU. Mr. Speaker, I hope my colleagues will join me in voting for this motion to recommit.

Mr. ROY. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CLYDE), my good friend.

Mr. CLYDE. Mr. Speaker, I thank my good friend from Texas for yielding.

Mr. Speaker, it is hard to imagine, hard to believe that we are actually here debating a born-alive act, that we actually have to do this. The question is about life. When does life begin and is government responsible for protecting life.

I say life begins at conception and government is responsible for protecting life. If we go back to the document that is before our Constitution, the Declaration of Independence, what does it actually say?

It says: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of happiness. That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed."

What is one of the first unalienable rights? It is life.

I guess the question is: When does life begin? Life begins at conception, and that is why I stand here in support of this bill.

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

Mr. Speaker, now we have had the opportunity to be lectured about life by a gun dealer. That is pretty impressive. I think he gave the game away when he finished his remarks by saying "life begins at conception," a proposition that is rejected by the overwhelming majority of the American people who think that women have a right to choose, but that is a topic for another day. After spending all their time saying it wasn't about abortion, I am afraid he gave the game away at the end.

This bill is an exercise in complete legislative redundancy. It is an interference in other people's private and medical lives to prey on their personal tragedies and catastrophes as we have heard throughout the debate. It is a shocking threat to send OB/GYN doctors and physicians to jail at a time

when we have a chronic shortage of OB/GYN doctors and physicians as well as nurses across the country.

Their bill proposes to move in exactly the wrong direction, which is perhaps why they had a shortage of speakers on their side and we had a shortage of time because I could have had dozens more people who wanted to speak on behalf of the American majority against this absurd attempt to interfere in the medical lives of the American people.

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

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

Mr. Speaker, I started this about an hour ago, and I was moved to talk, as I said, about a woman who testified in front of the House Judiciary Committee.

She described having been a nurse, having witnessed what occurred where, in her testimony, the child was born after the abortion procedure. The child survived for 45 minutes having been discarded into a utility closet. This nurse held this 22-week-old child, a child of God, who had been aborted because the child had Down syndrome.

This legislation is very simple. If a fellow American, a fellow human being, who is afforded equal protection under the law, is alive in a hospital, in a clinic, frankly anywhere, where a doctor is there and present and can perform life-saving treatment, it is our position that that child is deserving of the same equal protection under the law, under the Constitution of the United States, as any other living American, any of us in the Chamber, any of the Americans watching this now.

This child should not be left to die, should not be left in a utility closet without getting the care that a doctor, who is present, having taken the Hippocratic Oath, and could administer that care to save that child—that is what this bill is about, nothing more.

My colleagues on the other side of the aisle know this. It is why for the last hour they have literally refused to address those facts. They have literally refused to defend this grotesque procedure. In the greatest country in the history of mankind, we allow the most vulnerable of our citizens to be denied equal protection under the law and denied the care that they deserve.

Mr. Speaker, I urge support of this legislation, and I yield back the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, this year's March for Life is an engraved invitation to each and every one of us to seriously recommit and rededicate ourselves to the defense of the weakest and most vulnerable.

To recommit with love and compassion to tangibly assist women—especially through the extraordinary work of pregnancy care centers—in order to protect their precious babies and their own lives from the violence and cruelty of abortion.

Pregnancy care centers are under siege by Planned Parenthood—also known as Child Abuse Inc.—an organization that has killed more than 10 million babies in its clinics.

This year we recommit to exposing abortion methods to a society that has chosen to be blind to the realities of brutally dismembering helpless babies with sharp knife-like curettes or poisoning babies with pills that literally starve them to death and often result in their bodies being flushed down a toilet.

We are a people of indomitable hope—we absolutely refuse to entertain discouragement or defeat.

We thank President Trump for defeating not one but two extremist pro-abortion candidates—Hillary Clinton and Kamala Harris—and for his amazing defense of unborn children.

Abortion-President Joe Biden is gone—but his morbid legacy of packing the judiciary with litmus tested abortion activists, using executive orders to kill more babies and integrating the nefarious abortion agenda into countless benign and necessary programs like veterans' health and global health must be immediately reversed.

President Trump has done more to protect the innocent than any other president in history—and now, thank God, he's back.

Since the reversal of *Roe v. Wade*—achieved by the three Supreme Court justices President Trump appointed—half the states have enacted laws to protect unborn children, saving over 200,000 children over two years.

On Monday, President Trump issued a powerful executive order designed to defund the outrageously pro-abortion World Health Organization (WHO), and another—the expected reinstatement of the Protecting Life in Global Health Assistance to reverse Biden's hijacking of global health funding, which shamelessly promoted abortion on demand around the world including in President Bush's Emergency Plan for AIDS Relief (PEPFAR).

Last week, the most recent revelation was that PEPFAR broke U.S. law to pay for abortions in Africa—a tip of the iceberg of the Biden-Harris anti-child activism at home and abroad. The 2025 Marist poll has found that 73 percent of Americans oppose using tax dollars for abortions in other countries.

Other pro-life executive orders are expected soon.

Special thanks to House Speaker MIKE JOHNSON and Senate Majority Leader JOHN THUNE and the Republican leadership in the House and Senate for their ongoing courageous legislative initiatives, including legislation to save babies born alive during the grisly abortion process.

The Born Alive Abortion Survivors Protection Act under consideration in both the House and Senate seeks to end or at least mitigate this egregious child abuse by requiring that a health care provider must “exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to any other child born alive at the same gestational age” or be fined and/or face up to five years in prison.

The bill makes clear that no mother of a child born alive can ever be prosecuted.

It also empowers the woman upon whom the abortion is performed to obtain appropriate relief in a civil action.

This is humane, pro-child, human rights legislation.

Why is there opposition? Dr. Willard Cates, MD, former head of the Centers for Disease

Control and Prevention's (CDC) Abortion Surveillance Unit, explained years ago: “(Live births) are little known because organized medicine, from fear of public clamor and legal action, treats them more as an embarrassment to be hushed up than a problem to be solved. It's like turning yourself in to the IRS for an audit . . . What is there to gain? The tendency is not to report because there are only negative incentives.” Cates was quoted by the Philadelphia Inquirer in “Abortion: The Dreaded Complication.”

Bottom line: pro-lifers are a people of persevering faith in God willing to bear any burden and endure any attack. We know that the cruel injustice of abortion need not be forever and that each day, despite setbacks, many unborn children and their mothers have been and are being protected. We have hope. We have just begun.

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

Pursuant to House Resolution 5, the previous question is ordered on the bill.

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

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

MOTION TO RECOMMIT

Ms. CHU. Mr. Speaker, I have a motion to recommit at the desk.

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

The Clerk read as follows:

Ms. Chu of California moves to recommit the bill H.R. 21 to the Committee on the Judiciary.

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

Ms. CHU of California moves to recommit the bill H.R. 21 to the Committee on the Judiciary with instructions to report the same back to the House forthwith, with the following amendment:

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Women's Health Protection Act of 2025”.

SEC. 2. FINDINGS.

Congress finds the following:

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

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

(3) Abortion care, like all health care, is a human right that should not depend on one's ZIP Code or region, age, actual or perceived race, national origin, immigration status, sex, or disability status. Unfortunately, this

is the current reality for millions, creating a patchwork of abortion access across the United States. Protecting the right to determine whether to continue or end a pregnancy, and the right of health care providers to provide abortion care, is necessary and essential to achieving this human right, and ultimately reproductive justice.

(4) On June 24, 2022, in its decision in *Dobbs v. Jackson Women's Health Organization*, the Supreme Court overruled *Roe v. Wade*, reversing decades of precedent recognizing a constitutional right to terminate a pregnancy before fetal viability.

(5) The effects of the *Dobbs* decision were immediate and disastrous. In the aftermath of the *Dobbs* decision, many States imposed near-total bans on abortion. As of March 2023, abortion is unavailable in 14 States, leaving 17.8 million women of reproductive age (15-49) and transgender and gender non-conforming individuals with the capacity to become pregnant without abortion access in their home State. Within 100 days of the ruling, 66 clinics across 15 States were forced to stop offering abortions.

(6) Travel time to an abortion clinic, already a burden for abortion seekers under *Roe*, has more than tripled since *Dobbs*. As distance to an abortion facility increases, so do the accompanying (and potentially prohibitive) burdens of time off work or school, lost wages, transportation costs, lodging, child care costs, and other ancillary costs.

(7) Even before the *Dobbs* decision, access to abortion services had long been obstructed across the United States in various ways, including: prohibitions of, and restrictions on, insurance coverage; mandatory parental involvement laws; restrictions that shame and stigmatize people seeking abortion services; and medically unnecessary regulations that fail to further the safety of abortion services, but instead cause harm people by delaying, complicating access to, and reducing the availability of, abortion services.

(8) Being denied an abortion can have serious consequences for people's physical, mental, and economic health and well-being, and that of their families. According to the Turnaway Study, a longitudinal study published by Advancing New Standards in Reproductive Health (ANSIRH) in 2019, individuals who are denied a wanted abortion are more likely to experience economic insecurity than individuals who receive a wanted abortion. After following participants for five years, the study found that people who were denied abortion care were more likely to live in poverty, experience debt, and have lower credit scores for several years after the denial. These findings demonstrate that when people have control over when to have children and how many children to have, their children benefit through increased economic security and better maternal bonding.

(9) Abortion bans and restrictions have repercussions for a broad range of health care beyond pregnancy termination, including exacerbating the existing maternal health crisis facing the United States. The United States has the highest maternal mortality rate of any industrialized nations, and Black women and birthing people face three times the risk of dying from pregnancy related causes as their white counterparts. Even prior to *Dobbs*, research found that States that enacted abortion restrictions based on gestation increased their maternal mortality rate by 38 percent. Research has found that a nationwide ban would increase the United States maternal mortality rate by an additional 24 percent. Furthermore, States that have banned, are planning to ban, or have severely restricted abortion care have fewer maternal health providers, more maternity care deserts, higher rates of both maternal

and infant mortality, and greater racial inequity in health care.

(10) Abortion bans and restrictions additionally harm people's health by reducing access to other essential health care services offered by many of the providers targeted by the restrictions, including—

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

(B) testing and treatment for sexually transmitted infections;

(C) LGBTQ health services; and

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

(11) This ripple effect has only worsened since the *Dobbs* decision. Clinicians and pharmacists have denied access to essential medication for conditions including gastric ulcers and autoimmune diseases because those drugs are also used for medication abortion care. Patients are reporting being denied or delayed in their receipt of necessary and potentially lifesaving treatment for ectopic pregnancies and miscarriage management because of the newfound legal risks facing providers.

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

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

(14) Abortion bans and restrictions are tools of gender oppression, as they target health care services that are used primarily by women. These paternalistic bans and restrictions rely on and reinforce harmful stereotypes about gender roles and women's decisionmaking, undermining their ability to control their own lives and well-being. These restrictions harm the basic autonomy, dignity, and equality of women.

(15) The terms "woman" and "women" are used in this bill to reflect the identity of the majority of people targeted and most directly affected by bans and restrictions on abortion services, which are rooted in misogyny. However, access to abortion services is critical to the health of every person capable of becoming pregnant. This Act is intended to protect all people with the capacity for pregnancy—cisgender women, transgender men, nonbinary individuals, those who iden-

tify with a different gender, and others—who are unjustly harmed by restrictions on abortion services.

(16) Pregnant individuals will continue to experience a range of pregnancy outcomes, including abortion, miscarriage, stillbirths, and infant losses regardless of how the State attempts to exert power over their reproductive decisionmaking, and will continue to need support for their health and well-being through their reproductive lifespans.

(17) Evidence from the United States and around the globe bears out that criminalizing abortion invariably leads to arrests, investigations, and imprisonment of people who end their pregnancies or experience pregnancy loss, leading to violations of fundamental rights to liberty, dignity, bodily autonomy, equality, due process, privacy, health, and freedom from cruel and inhumane treatment.

(18) All major experts in public health and medicine such as the American Medical Association, American Public Health Association, American Academy of Pediatrics, American Society of Addiction Medicine, and the American College of Obstetricians and Gynecologists, oppose the criminalization of pregnancy outcomes because the threat of being subject to investigation or punishment through the criminal legal system when seeking health care threatens pregnant people's lives and undermines public health by deterring people from seeking care for obstetrical emergencies.

(19) Antiabortion stigma that is compounded by abortion bans and restrictions also contributes to violence and harassment that put both people seeking and people providing abortion care at risk. From 1977 to 2021, there were 11 murders, 42 bombings, 196 acts of arson, 491 assaults, and thousands of other incidents of criminal activity directed at abortion seekers, providers, volunteers, and clinic staff. This violence existed under *Roe* and has been steadily escalating for years. The presence of dangerous protestors and organized extremists acts as yet another barrier to abortion care, and this threat has become even more urgent as abortion bans proliferate and stigma around abortion care increases.

For full text of the bill, please see text of H.R. 12 in the 118th Congress.

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

The question is on the motion to recommit.

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

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

The yeas and nays were ordered.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Proceedings will resume on questions previously postponed. Votes will be taken in the following order:

The motion to suspend the rules and pass H.R. 375;

Passage of H.R. 471;

The motion to recommit on H.R. 21; and

Passage of H.R. 21, if ordered.