not concepts for me either. My older sister and younger brother, both just children, were killed in that war. I will never forget them. I will never forget how my mother tried so hard to keep them alive. With the war raging all around us, there were no doctors, and we couldn't afford to buy medicine. All my mother could do was stay up all night and pray to God. Many Koreans still live with such pain.

I recognize the reality that Korea has been split in two, but I will never accept it as a permanent condition. The two Koreas share the same language, history, and customs. We are one people. In both Koreas, there are families who have never spoken to their loved ones for more than half a century. And my hope is that these people and all 70 million Koreans will enjoy real happiness and real peace. And for this, we must first lay the foundation for peace on the Korean Peninsula. And upon this foundation, we must strengthen cooperation between the two Koreas. We must seek the path that will lead us towards mutual prosperity. And we must achieve peaceful unification.

A unified Korea will be a friend to all and a threat to none. A unified Korea will contribute to peace and prosperity, not only in northeast Asia, but far beyond. We therefore must achieve the denuclearization of the Korean Peninsula, and North Korea must give up their nuclear ambitions.

Korea and the United States stand united. We are in full agreement that the Six Party Talks is an effective way to achieve tangible progress. We are in full agreement that we must also pursue dialogue with North Korea. However, we must also maintain our principled approach. A North Korea policy that is firmly rooted upon such principles is the key that will allow us to ultimately and fundamentally resolve this issue.

North Korea's development is in our collective interest, and this is what we want. However, this depends on its willingness to end all provocations and make genuine peace. We will work with you and the international community so that North Korea makes the right choice.

Our Mutual Defense Treaty has ensured stability and prosperity to flourish not only on the Korean Peninsula, but across northeast Asia. Northeast Asia today is a more dynamic region than ever. And economic change in this region brings geopolitical change, and it brings shifts in the balance of power that has long prevailed.

The United States, as a key player of the Asia-Pacific region and as a global leader, has vital interests in northeast Asia. For northeast Asia to play a more constructive rule in global affairs, there must be peace and stability in the region.

And your leadership that has ensured peace and stability of northeast Asia and beyond in the 20th century must remain supreme in the 21st century. The ideals that you represent and the leadership that allows for such ideals to become true must continue.

There remain many challenges in the world today, and your leadership is vital. Terrorism, proliferation of WMD, climate change, energy, poverty, and disease; these are just a few of the challenges that require your leadership.

Our free trade agreement has significance because it will be a force for stability, because lasting stability, again, depends on economic opportunity being open and robust. Our relationship can be the catalyst that generates growth and stability all along the Pacific Rim. And, in doing so, it will make clear how fully our fates are connected.

More than ever, Korea is looking beyond the horizon. It will willingly embrace its international responsibilities. It will work to resolve global challenges.

Since becoming President of Korea, my vision for Korea in the coming decades is for a global Korea.

Global Korea has joined United Nations peacekeeping operations in East Timor, Lebanon, and Haiti. Korea was the third-largest contributor of troops to the coalition forces in Iraq. We have sent reconstruction teams to rebuild Afghanistan. Our naval vessels support the United States and EU in fighting against piracy off the coast of Somalia.

We will take part in the international effort in bringing democracy to Libya and rebuilding its shattered economy. And we have pledged to double our overseas development assistance by 2015. And next month the High Level Forum on Aid Effectiveness will be held in Busan, Korea's second-largest city.

In these and countless other ways, Korea will carry out its duties as a responsible member of the international community. As we face the many global challenges that lie ahead, we will promote universal values.

In 2009, when President Obama and I signed the Joint Vision for the Future of the Alliance, we agreed to work closely together in resolving regional and international issues, based on shared values and mutual trust. And during our summit today we renewed this commitment. We also reaffirmed our commitment to face the challenges of today for the generation of tomorrow.

Our alliance will grow, and it will continue to evolve. And it will prevail.

Mr. Speaker, Mr. Vice President, distinguished Members of Congress, before I part, I want to thank you again for the honor of addressing this Congress. I would also like to thank President Obama and Mrs. Obama for their invitation.

I also take this opportunity to pay tribute to the 1.5 million Korean-Americans who have been contributing to this great country. As President of Korea, I am proud that they are giving back to the country that gave them so much. I am also deeply grateful to you and the American people for giving them the chance to make their dreams come true.

Your ideals and aspirations have been ours, as they have been for much of the world.

Half a century ago, young Americans served in the Korean War ''for duty beyond the seas.'' And today, our peoples hear the same call. It may not always be active combat, not always to brave the rugged mountains or bitter winters, but it is an important duty nonetheless, a charge to help create a more peaceful, more prosperous world.

In the 21st century, duty and destiny calls us once again. As before, let us rise to meet these challenges. Let us go together. Together and forward.

Thank you.

[Applause, the Members rising.]

At 4 o'clock and 48 minutes p.m., His Excellency Lee Myung-bak, President of the Republic of Korea, accompanied by the committee of escort, retired from the Hall of the House of Representatives.

The Deputy Sergeant at Arms escorted the invited guests from the Chamber in the following order:

The Members of the President's Cabinet;

The Acting Dean of the Diplomatic Corps.

JOINT MEETING DISSOLVED

The SPEAKER. The purpose of the joint meeting having been completed, the Chair declares the joint meeting of the two Houses now dissolved.

Accordingly, at 4 o'clock and 54 minutes p.m., the joint meeting of the two Houses was dissolved.

The Members of the Senate retired to their Chamber.

The SPEAKER. The House will continue in recess subject to the call of the Chair.

□ 1719

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. ROBY) at 5 o'clock and 19 minutes p.m.

PRINTING OF PROCEEDINGS HAD DURING RECESS

Mr. PITTS. Madam Speaker, I ask unanimous consent that the proceedings had during the recess be printed in the RECORD.

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

There was no objection.

PROTECT LIFE ACT

Mr. PITTS. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on H.R. 358 and to insert extraneous material on the bill.

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

There was no objection.

Mr. PITTS. Madam Speaker, pursuant to House Resolution 430, I call up the bill (H.R. 358) to amend the Patient Protection and Affordable Care Act to modify special rules relating to coverage of abortion services under such Act, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 430, the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce printed in the bill is adopted, and the bill, as amended, is considered read.

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

H.R. 358

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Protect Life Act''.

SEC. 2. MODIFYING SPECIAL RULES RELATING TO COVERAGE OF ABORTION SERVICES UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT TO CONFORM TO LONG-STANDING FEDERAL POLICY.

(a) IN GENERAL.—Section 1303 of the Patient Protection and Affordable Care Act (Public Law 111–148), as amended by section 10104(c) of such Act, is amended—

(1) by redesignating subsections (c) and (d) as subsections (e) and (f), respectively;

(2) by redesignating paragraph (4) of subsection (b) as subsection (d) and transferring such subsection (d) after the subsection (c) inserted by paragraph (4) of this subsection with appropriate indentation (and conforming the style of the heading to a subsection heading);

(3) by amending subsection (b) to read as follows:

''(b) SPECIAL RULES RELATING TO TRAINING IN AND COVERAGE OF ABORTION SERVICES.—Nothing in this Act (or any amendment made by this Act) shall be construed to require any health plan to provide coverage of or access to abortion services or to allow the Secretary or any other Federal or non-Federal person or entity in implementing this Act (or amendment) to require coverage of, access to, or training in abortion services.'';

(4) by inserting after subsection (b) the following new subsection:

''(c) LIMITATION ON ABORTION FUNDING.—

''(1) IN GENERAL.—No funds authorized or appropriated by this Act (or an amendment made by this Act), including credits applied toward qualified health plans under section 36B of the Internal Revenue Code of 1986 or cost-sharing reductions under section 1402 of this Act, may be used to pay for any abortion or to cover any part of the costs of any health plan that includes coverage of abortion, except—

''(A) if the pregnancy is the result of an act of rape or incest; or

''(B) in the case where a pregnant female suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the female in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself.

''(2) OPTION TO PURCHASE SEPARATE COVERAGE OR PLAN.—Nothing in this subsection shall be construed as prohibiting any non-Federal entity (including an individual or a State or local government) from purchasing separate coverage for abortions for which funding is prohibited under this subsection, or a qualified health plan that includes such abortions, so long as—

''(A) such coverage or plan is paid for entirely using only funds not authorized or appropriated by this Act; and

''(B) such coverage or plan is not purchased using—

''(i) individual premium payments required for a qualified health plan offered through an Exchange towards which a credit is applied under section 36B of the Internal Revenue Code of 1986; or

''(ii) other non-Federal funds required to receive a Federal payment, including a State's or locality's contribution of Medicaid matching funds.

''(3) OPTION TO OFFER COVERAGE OR PLAN.—Nothing in this subsection or section 1311(d)(2)(B)(i) shall restrict any non-Federal health insurance issuer offering a qualified health plan from offering separate coverage for abortions for which funding is prohibited under this subsection, or a qualified health plan that includes such abortions, so long as—

''(A) premiums for such separate coverage or plan are paid for entirely with funds not authorized or appropriated by this Act;

''(B) administrative costs and all services offered through such coverage or plan are paid for using only premiums collected for such coverage or plan; and

''(C) any such non-Federal health insurance issuer that offers a qualified health plan through an Exchange that includes coverage for abortions for which funding is prohibited under this subsection also offers a qualified health plan through the Exchange that is identical in every respect except that it does not cover abortions for which funding is prohibited under this subsection.'';

(5) in subsection (e), as redesignated by paragraph (1)—

(A) in the heading, by striking ''REGARDING ABORTION'';

(B) in the heading of each of paragraphs (1) and (2), by striking each place it appears ''REGARDING ABORTION'';

(C) in paragraph (1), by striking ''regarding the prohibition of (or requirement of) coverage, funding, or'' and inserting ''protecting conscience rights, restricting or prohibiting abortion or coverage or funding of abortion, or establishing''; and

(D) in paragraph (2)(A), by striking ''Nothing'' and inserting ''Subject to subsection (g), nothing'';

(6) in subsection (f), as redesignated by paragraph (1), by striking ''Nothing'' and inserting ''Subject to subsection (g), nothing''; and

(7) by adding at the end the following new subsection:

''(g) NONDISCRIMINATION ON ABORTION.—

''(1) NONDISCRIMINATION.—A Federal agency or program, and any State or local government that receives Federal financial assistance under this Act (or an amendment made by this Act), may not subject any institutional or individual health care entity to discrimination, or require any health plan created or regulated under this Act (or an amendment made by this Act) to subject any institutional or individual health care entity to discrimination, on the basis that the health care entity refuses to—

''(A) undergo training in the performance of induced abortions;

''(B) require or provide such training;

''(C) perform, participate in, provide coverage of, or pay for induced abortions; or

''(D) provide referrals for such training or such abortions.

''(2) DEFINITION.—In this subsection, the term 'health care entity' includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

''(3) REMEDIES.—

''(A) IN GENERAL.—The courts of the United States shall have jurisdiction to prevent and redress actual or threatened violations of this section by issuing any form of legal or equitable relief, including—

''(i) injunctions prohibiting conduct that violates this subsection; and

''(ii) orders preventing the disbursement of all or a portion of Federal financial assistance to a State or local government, or to a specific offending agency or program of a State or local government, until such time as the conduct prohibited by this subsection has ceased.

''(B) COMMENCEMENT OF ACTION.—An action under this subsection may be instituted by—

''(i) any health care entity that has standing to complain of an actual or threatened violation of this subsection; or

''(ii) the Attorney General of the United States.

''(4) ADMINISTRATION.—The Secretary shall designate the Director of the Office for Civil Rights of the Department of Health and Human Services—

''(A) to receive complaints alleging a violation of this subsection; and

''(B) to pursue investigation of such complaints in coordination with the Attorney General.''.

(b) CONFORMING AMENDMENT.—Section 1334(a)(6) of such Act is amended to read as follows:

''(6) COVERAGE CONSISTENT WITH FEDERAL POLICY.—In entering into contracts under this subsection, the Director shall ensure that no multi-State qualified health plan offered in an Exchange provides coverage for abortions for which funding is prohibited under section 1303(c) of this Act.''.

The SPEAKER pro tempore. The gentleman from Pennsylvania (Mr. PITTS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. PITTS. I yield myself such time as I may consume.

Madam Speaker, I am humbled to stand in this Chamber and engage in debate over such a critical matter as this. Like the civil rights movement, the pro-life cause has always been about one of securing rights for those who cannot speak for themselves and who cannot on their own obtain them. The fight goes all the way back to our Nation's beginning.

What more could our Founding Fathers have envisioned when they drafted the Declaration of Independence, proclaiming to all that America would ''hold these truths would 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''? There it is.

The first unalienable right designated by the Declaration of Independence is our right to life. Our Founding Fathers must have deemed this an indispensable right, for its placement signifies it was not an afterthought.

From the start of our great Nation until now, countless men and women have fought and even sacrificed their own lives to protect that right for others. Yet, in 1973, the U.S. Supreme Court issued a decision that has

changed the course of history in this country. A right that had been protected for nearly 200 years was tossed aside by a court decision to legalize abortion. Up until that point, an unwanted pregnancy was likely to lead to an adoption, a process that placed an unwanted child in a caring home.

The legacy of the late Steve Jobs reminds us of the impact an adoption can have on the entire world. Fortunately for us, Jobs was born 18 years before Roe v. Wade. Shortly after his birth to a single mother, Jobs was adopted by a married couple in central California. He would go on to be the founder of a tech company that has literally changed the world. His was the route of many unexpected children before 1973.

Maya Angelou, Babe Ruth, and Eleanor Roosevelt are just a few of the many adoptees that have transformed the world we live in today.

Unfortunately, since Roe v. Wade, more and more women are being persuaded that abortion is nothing more than a simple medical procedure that will help them move on with their lives. This could not be further from the truth.

A study of Medi-Cal patients in California revealed that women who had had an abortion were 160 percent more likely to be admitted for psychiatric treatment than those who had carried the child to term and delivery. These women who chose to terminate their pregnancies then had to deal with the psychological devastation that is often associated with such a decision. Adding harm upon harm, abortion is a procedure that brings mental trauma to the mother and irreparable damage to the unborn.

Because of this, the policy of the Federal Government for the last 35 years has been to ban funding for such a procedure. Studies have shown that when the government subsidizes abortion, their number increases. The President, a supporter of abortion rights, has stated his commitment to reducing the amount of abortions in this country. Restoring the policy of prohibiting Federal funds for abortion would be a good first step. The American people, to a large degree, agree with this policy. In fact, as recently as last year, a survey revealed that 67 percent of Americans support a ban on abortion funding. But the Patient Protection and Affordable Care Act failed to include this prohibition, and that is why we are here today.

President Obama indicated his support for upholding the ban on Federal funding for abortion in health reform, and that is exactly what the Protect Life Act does. The issue of prohibiting taxpayer funds for abortion is important to the American people. And so it should be important to Congress as well. Protecting the unalienable right to life is important to the American people. It should be to the Congress as well.

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

Hon. FRED UPTON,
Chairman, House Committee on Energy & Commerce, Washington, DC.

DEAR CHAIRMAN UPTON, as you know, I requested a referral on H.R. 358, the ''Protect Life Act,'' because it has provisions that fall within the Rule X jurisdiction of the Judiciary Committee. We are able to agree to waive seeking a formal referral of the bill in order that it may proceed expeditiously to the House floor for consideration.

The Judiciary Committee takes this action with our mutual understanding that by foregoing consideration of H.R. 358 at this time, we do not waive any jurisdiction over subject matter contained in this or similar legislation, and that our Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any issues in our jurisdiction. Our Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation, and requests your support for any such request.

I would appreciate your including this letter in the Congressional Record during consideration of the bill on the House floor. Thank you for your attention to this request, and for the cooperative relationship between our two committees.

Sincerely,

LAMAR SMITH,
Chairman.

HOUSE OF REPRESENTATIVES, COMMITTEE ON ENERGY AND COMMMERCE,
Washington, DC, October 12, 2011.

Hon. LAMAR SMITH,
Chairman, Committee on the Judiciary, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN SMITH, thank you for your letter regarding H.R. 358, the ''Protect Life Act.'' As you noted, there are provisions of the bill that fall within the Rule X jurisdiction of the Committee on the Judiciary.

I appreciate your willingness to forgo action on H.R. 358. I agree that your decision should not prejudice the Committee on the Judiciary with respect to the appointment of conferees or its jurisdictional prerogatives on this or similar legislation.

I will include a copy of your letter and this response in the Congressional Record during consideration of H.R. 358 on the House floor.

Sincerely,

FRED UPTON,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, September 14, 2011.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN UPTON, I am writing concerning H.R. 358, the ''Protect Life Act,'' which was favorably reported out of your Committee on February 15, 2011.

As you know, the Committee on Ways and Means has jurisdiction over revenue measures generally, including federal tax laws and the Internal Revenue Code of 1986, as amended (IRC). Section 2(a)(4) of H.R. 358 amends section 1303 of the Patient Protection and Affordable Care Act (P.L. 111–148), as amended by section 10104(c) of such Act, by limiting the purposes for which taxpayers may claim tax credits under section 36B of the IRC. I wanted to notify you the Committee will forgo action on H.R. 358. This is being done with the understanding that it does not in any way prejudice the Committee with respect to the appointment of conferees or its jurisdictional prerogatives on this or similar legislation.

I would appreciate your response to this letter, confirming this understanding with respect to H.R. 358, and would ask that a copy of our exchange of letters on this matter be included in the Congressional Record during Floor consideration.

Sincerely,

DAVE CAMP,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, September 15, 2011.

Hon. DAVE CAMP,
Chairman, Committee on Ways and Means, Longworth House Office Building, Washington, DC.

DEAR CHAIRMAN CAMP, thank you for your letter regarding H.R. 358, the ''Protect Life Act.'' As you noted, there are provisions of the bill that fall within the Rule X jurisdiction of the Committee on Ways and Means.

I appreciate your willingness to forgo action on H.R. 358. I agree that your decision should not prejudice the Committee on Ways and Means with respect to the appointment of conferees or its jurisdictional prerogatives on this or similar legislation.

I will include a copy of your letter and this response in the Congressional Record during consideration of H.R. 358 on the House floor.

Sincerely,

FRED UPTON,
Chairman.

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

I rise in strong opposition to H.R. 358, legislation that infringes upon a woman's right to choose. This bill is unnecessary, divisive, and extreme. And it saddens me that the Republican leadership has chosen to bring this bill to the House floor when Americans are struggling.

The American people want us to work together to address their top priority: creating jobs. As such, we should be focusing on putting Americans back to work, not dividing Congress on ideological issues. And we certainly shouldn't be considering legislation that rolls back women's reproductive rights 38 years.

Supporters of this bill claim it is amending the Affordable Care Act to ensure U.S. tax dollars are not used to fund abortions. However, the Affordable Care Act already prohibits the use of Federal dollars to fund abortions. Instead, H.R. 358 will eliminate access to abortion care for many women by banning insurance plans regulated by the Affordable Care Act from offering abortion-inclusive coverage if they take even one federally subsidized customer. So if a plan takes one subsidized customer, then they can't provide abortion coverage insurance to anyone else in the plan.

What's even more concerning is that this legislation could place many women who need reproductive health care in dangerous, potentially life-threatening situations by expanding a lopsided policy that allows health workers and hospitals the ability to refuse to provide and refer for abortion care and even deny emergency abortion care.

So that's why I was so appalled, truly appalled yesterday by comments that

were made at the Rules Committee, and I want to set the record straight. This bill is not simply the Stupak-Pitts amendment that was debated and supported during the health reform consideration. During the Rules Committee, I heard that over and over again from the Republican side—this is just the Stupak bill all over again. That is simply not true.

Madam Speaker, H.R. 358 goes significantly beyond the Stupak amendment. The Stupak amendment limited its reach only to qualified health plans and had no effect on completely private plans. But H.R. 358 affects any health plan.

The Stupak amendment limited its reach only to Federal funding and insurance coverage of abortion. H.R. 358 includes access to abortion services, a much broader term with far-reaching effects.

And the Stupak amendment limited its reach only to State conscience protection laws that deal with abortion. But H.R. 358 expands that protection to those covering health and medical services outside of abortion.

The Stupak amendment did not create any exception to the obligation of hospitals to comply with EMTALA. Instead, it left that obligation intact.

So, as my colleagues will see, no one should be fooled by the argument that this is simply Stupak because it's simply not. I want to emphasize, the effect of this amendment would mean that, effectively, women would not be able to get any kind of health insurance for abortion coverage either because they wouldn't be able to get a comprehensive plan on the exchange or because they would be forced to try to buy one outside the exchange just for abortion services, which isn't going to be available.

So, practically speaking, what the Pitts amendment does is make it impossible for a woman to exercise her right under the Constitution if she chooses to have an abortion because she won't be able to get insurance coverage for it at all.

Madam Speaker, H.R. 358 is a massive overreach of women's health. It extensively restricts women's access to reproductive health services and life-saving care. It is a step towards eliminating a choice that our Supreme Court has deemed legal and remains legal to this day.

Now, if you want to overturn Roe v. Wade, and I know that there are Members on the other side of the aisle who feel that way, then they can try to do that. But don't do it in a sneaky way by denying women insurance and effectively saying that they can't exercise what the Supreme Court says is their right under the Constitution.

□ 1730

Women need and are entitled to safe, affordable health care options. This bill only serves to create health and financial challenges that I think are going to be impossible to overcome. It's dangerous to women's health.

I urge my colleagues to vote ''nay'' on the legislation.

I reserve the balance of my time.

Mr. PITTS. Madam Speaker, I yield 1 minute to the distinguished gentleman from Louisiana, Dr. JOHN FLEMING.

Mr. FLEMING. I thank the gentleman from Pennsylvania for his work on this bill and his lifelong career in protecting life.

Madam Speaker, the bill before us today, H.R. 358, the Protect Life Act, would accomplish two important things: It would remove funding for abortion and abortion coverage under the Patient Protection and Affordable Care Act, and it would extend the conscience protections to pro-life doctors, nurses, hospitals, and other health care facilities who object to destroying the lives of unborn children.

Madam Speaker, I've been a doctor for 36 years, father of four, grandfather of two, and I can tell you that the taking of innocent life is not health care. It is not health care. Having said that, this country is still divided on whether or not a woman should have the right to take an unborn infant. However, the country is not divided on the issue for who should pay for it—and that issue is taxpayers. Two to one, Americans say taxpayers should not be footing the bill. And that's what this is about, as well as the conscience clause.

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

Mr. PITTS. I yield the gentleman an additional 30 seconds.

Mr. FLEMING. This protection is critical for pro-life and religious health care providers and entities. EMTALA, which is part of the discussion here, requires that health care providers such as myself must take care of women and must take care of their infants, unborn or otherwise.

And so I say to you, Madam Speaker, today, this bill protects life and it does not require taxpayers to foot the bill for those who choose to take innocent life.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to our distinguished Democratic whip, the gentleman from Maryland (Mr. HOYER).

(Mr. HOYER asked and was given permission to revise and extend his remarks.)

Mr. HOYER. I thank the gentleman from New Jersey for yielding, and I thank him for his leadership.

I rise in opposition to this bill, the so-called Protect Life Act.

First of all, over and over again we repeat the premise that somehow we're using government funds through the Affordable Care Act for abortion. We are not. No matter how many times you say it, the fact is that we specifically precluded that from happening.

What this bill does goes much further. It threatens to make it harder for women across the country to receive health care that they need. I understand the doctor who just said that the termination of a pregnancy is not health care. I understand his premise. But I also understand that we in America have adopted the premise that if a woman comes to the hospital and has at great risk to her life a pregnancy which is causing her health to be at great risk and her life as well, what this bill does is say you don't have to intervene under those circumstances. I don't think that's protecting life, I say to my friend. In fact, I think it is ignoring the protection of life.

Moreover, it does nothing to create jobs, which is what Congress should be focusing on during this time when so many Americans are out of work. Very frankly, you have criticized the President of the United States for submitting a jobs bill to this Congress that doesn't have a chance of passage. I have heard that over and over again. All of you know this has no chance of passage. It may pass this House—I hope not; I urge its defeat—but it won't pass. It won't become law.

So while millions of Americans' quality of life is put at risk because of the lack of jobs and opportunity that they have, we consider what I believe is simply legislation to speak to a particular interest group in our parties. I understand that.

Republicans come to this floor and speak all the time about keeping government out of people's lives, but this bill does exactly the opposite. What it says is that women won't be able to spend their own money on comprehensive reform for reproductive coverage under a new health exchange. You don't want us to tell people they have to have insurance, but you want to tell them what they can't have in an insurance—with their own money. I'm not sure I get the distinction there. Maybe you can come up with a distinction, but it certainly is a very nuanced one, if it exists at all.

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

Mr. PALLONE. I yield the gentleman 1 additional minute.

Mr. HOYER. Even more unbelievably, the bill will allow a hospital to refuse women emergency care of this kind even when necessary to save their lives. I don't think that's what you intend. I certainly hope it's not. But it is the interpretation that many of us have put on the language of your bill.

So, ladies and gentlemen of this House, this issue has been debated over and over again. We adopted a Hyde amendment. The premise of the Hyde amendment was that we shouldn't take taxpayers' money and spend it on abortion.

Very frankly, I represent 60,000 Federal employees. We precluded them from using the salary that they receive to buy insurance that has abortion coverage. It's their money. I hear that all the time: It's their money. But you don't allow them to use their money for that purpose. Now you are saying to the private sector women: You can't use your money.

You can't have it both ways. Either it's their money for services they constitutionally can receive or it's not.

Defeat this bill. This is a difficult issue. Let us let women, doctors, and their faith deal with it.

Mr. PITTS. Madam Speaker, before I yield to the next speaker, I have a copy here of the PPACA law. On page 65, I'll just read one title of a paragraph: Abortions for which public funding is allowed.

At this time I yield 1 minute to the gentleman from Louisiana, STEVE SCALISE.

Mr. SCALISE. I want to thank the gentleman from Pennsylvania for yielding and especially for his leadership in bringing the Protect Life Act to the floor of the House of Representatives.

When we look at a time right now when our country is going broke, it's offensive to most Americans that taxpayer money can still be used to subsidize abortion in this country. We had this debate during the President's health care law. We've tried to put real language that would protect that from happening. Unfortunately, we weren't able to get that protection. For those of us that want to repeal the President's health care law completely, we've already passed that bill and sent it to the Senate and they've taken no action.

But we're here today to address specifically this problem and say there should be no taxpayer money that is allowed to be used to subsidize abortion. And if you look in the bill, there are employers out there who are providing good health care to their employees today; yet under the law that the President passed and signed into law, Federal officials can tell those private employers that they have to provide abortion services in their policy, and so they'll just drop the policy. This prevents that from happening as well. It gives conscience protections so that if there's a medical professional that doesn't want to participate in abortion, they don't have to.

These are all commonsense proposals that should pass and have bipartisan support, and they should also pass the Senate.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to our ranking member of the Energy and Commerce Committee, the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Madam Speaker and Members of the Congress of the United States, this bill is an absolute disgrace. With all the problems we have in this country—economic crisis, poverty levels at the highest we've seen in a generation, urgent needs for our schools, Americans still too dependent on foreign oil and imported energy—what does the Republican leadership bring up for us to debate? Yet another bill to limit women's access to reproductive health services.

□ 1740

Now, I say another bill because the House has already adopted H.R. 3, and that bill codified into law that no Federal dollars would be used to pay for abortion services, whether it's under Medicaid, the traditional Hyde amendment, or the D.C. appropriations, or for Federal employees, or women who serve in the military, or those who get subsidies under the Affordable Care Act.

What this bill seeks to do, pure and simple, is to destroy one of the most hard-fought but delicately balanced sections of the Affordable Care Act, and that was on abortion. This section came about as a result of a lot of hard work by many Members in the House and the Senate—particularly Senator NELSON, whose pro-life record speaks for itself, clearly and unequivocally.

The law prohibits the use of Federal funds for abortion. It keeps State and Federal abortion-related laws in place. It ensures that those whose conscience dictates against abortion are protected and not discriminated against. And it went further. The language in the Affordable Care Act said you cannot use any subsidies to pay for your abortion insurance coverage; you had to use only private personal dollars. Well, this bill would restrict insurance plans' flexibility regarding abortion coverage, and I think it will result in a virtual shutdown of private coverage for this service for everyone.

This legislation also takes away the Affordable Care Act's limited anti-discrimination protection for those providers whose conscience dictates that women should have access to abortion. It's a legal and, in many cases, an appropriate medical service.

Among the most disturbing features of the Pitts bill is it would say that health care providers would no longer be required to provide emergency services as required under the Emergency Medical Treatment and Active Labor Act, commonly known as EMTALA.

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

Mr. PALLONE. I yield the gentleman 1 additional minute.

Mr. WAXMAN. In other words, a woman who may die from her pregnancy, if she is in for emergency services, the doctor can refuse to give her emergency services if his conscience would prohibit performing an abortion.

Taken as a whole, this bill is a full-throttled assault on women's health and a woman's right to choose. It's not what the American people voted for last November. We should be focusing our attention on jobs, economic growth, and the numerous pressing and important challenges we face as a Nation.

This is a shameless, just a shameless bill. I urge a ''no'' vote on H.R. 358.

Mr. PITTS. I yield 1 minute to the distinguished vice chairman of the Health Subcommittee, the gentleman from Texas, Dr. BURGESS.

Mr. BURGESS. I thank the chairman. I won't take the full minute. I just simply wanted to respond to what we just heard here on the floor of the House.

H.R. 358 does not change current law or any standard related to section 1867 of the Social Security Act, commonly referred to as EMTALA. The section states that a hospital must provide such treatment to stabilize the medical condition. Paragraph (e) of section 1867 defines an emergency medical condition as a medical condition of sufficient severity such that the absence of immediate medical attention could be reasonably expected to place the life and health of a pregnant woman or her unborn child in serious jeopardy.

EMTALA currently recognizes both lives. Therefore, the Protect Life Act provides conscience protection that is consistent with the emergency treatment requirements of current law under EMTALA.

Mr. PALLONE. I yield 2 minutes to a member of the Health Subcommittee, the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Madam Speaker, I rise today in strong opposition—and I must say honest bafflement—to this so-called ''Protect Life Act.'' I'm baffled because it truly stretches the limits of the rational mind to imagine why the Republican majority—a group of people who supposedly say they make it their mission to limit government involvement in every way possible—why they continue to insert themselves—and the government—into the personal health care decisions of Americans across the country.

What's even more baffling is that for 30 years Federal law has prohibited funding of abortions. It's one thing to say the government won't pay for abortions, but quite another, as we're doing here, to say that women can't use their own dollars to pay for abortion coverage.

Here we are with this absurd song and dance that has no basis in reality, is entirely about scoring political points with the Republican base once again while, as my colleagues have said, doing nothing to help employment and create jobs in this country. If this bill stopped at being absurd, it would be one thing. But more than absurd, this cruel legislation would actually allow hospitals to refuse to provide a woman abortion care even if she would die without it.

Now, my colleagues who claim they want smaller government and say they want to get the government out of people's lives, this is a hell of a way to do it or to prove it.

I urge my colleagues to fight for common sense, to protect women from this harsh attack, and to vote ''no'' on H.R. 358.

The gentleman before was talking about public funding being used for abortions. What is that—using taxpayers' money for incest, or to save the life of a woman, or for rape? Would we deny women the right to have an abortion if they were raped or if it would save their lives? I think not. I think the American people can see through this one. This is nothing more than

playing to the base. It's bad policy for this country.

Let's get the government out of people's lives. Vote ''no'' on this bill.

Mr. PITTS. Madam Speaker, I yield 1 minute to another distinguished member of the Health Subcommittee, the gentleman from Georgia, Dr. PHIL GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman from Pennsylvania for yielding, and I commend him for his great work on this bill.

As a practicing OB/GYN for nearly 30 years, I believe that all life is sacred. Having delivered more than 5,000 babies into this world, I have a deep appreciation for how wonderful life is.

The issue of abortion is a very personal matter for me, as it is for many in this country and on both sides of the aisle of this issue. However, the decades-old debate on the issue of abortion in this country, that's not why we're on the floor today. We're here today to answer one question: Should taxpayer dollars be used to fund abortions? And when an elective procedure—a choice—can decide between life and death, I would suggest that it is an important question to answer. The Protect Life Act is a piece of legislation that seeks to answer that question and set right what the Congress got wrong.

Speaking as a grandfather, a father, a son, and an OB/GYN physician, I will be voting to ensure that our government does not put taxpayer dollars behind any person who seeks an elective abortion.

Mr. PALLONE. Madam Speaker, may I ask how much time remains on both sides of the aisle?

The SPEAKER pro tempore. The gentleman from New Jersey has 16 minutes. The gentleman from Pennsylvania has 20¾ minutes.

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

Mr. PITTS. Madam Speaker, at this time I yield 1 minute to the gentlelady from Missouri (Mrs. HARTZLER).

Mrs. HARTZLER. I thank my dear colleague here for yielding.

Madam Speaker, I rise in support of the Protect Life Act, which will ensure that taxpayer dollars are not used to pay for abortions through last year's health care bill. It is right and proper that we should do so.

Every life deserves to be born and is worthy of life. Every life has a purpose and a plan. King David reminds us of the value of life in our Creator's eyes when he penned the following: ''For You created my inmost being; You knit me together in my mother's womb. I praise You because I am fearfully and wonderfully made; Your works are wonderful, I know that full well. My frame was not hidden from You when I was made in the secret place. When I was woven together in the depths of the Earth, Your eyes saw my unformed body. All the days ordained for me were written in Your Book before one of them came to be.''

I'm thankful that our Declaration of Independence recognizes that we are endowed by our Creator with inalienable rights, including the right to life.

□ 1750

Our Founding Fathers laid out the principle of life, and today we have an opportunity to affirm and carry on that mantle by passing the Protect Life Act.

Mr. PALLONE. I yield 1½ minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Madam Speaker, I rise in strong opposition to this dangerous legislation, the so-called Protect Life Act, which will, in fact, endanger the lives of women.

With only 23 legislative days remaining in this session before the end of the year, I'm stunned by the decision to waste precious time debating this bill, this unprecedented attack on women's health and the right of women to access reproductive health care.

We should, instead, be spending this time debating ways to grow our economy, ways to help small businesses create jobs, and ways to rebuild our roads and schools so that we can put people back to work and improve our competitiveness in the global marketplace.

But instead of talking about how we create jobs, we're debating merits of a bill intended to continue the war on women being waged by my Republican colleagues. This bill would effectively limit, for the first time, how women can spend their own private dollars to purchase health insurance. This is outrageous.

I am certain Members of this body would never dare to enact legislation limiting the ability of men to access health care.

I urge my colleagues to vote ''no'' on this bill, to end the attack on women's rights and women's health, and to focus, instead, on job creation.

Mr. PITTS. Madam Speaker, I yield 1 minute to the gentlewoman from Tennessee (Mrs. BLACK).

Mrs. BLACK. I thank the gentleman from Pennsylvania for yielding.

For over 30 years, the Hyde amendment, in conjunction with a patchwork of other policies, has regulated the Federal funding of abortions under programs such as Medicaid; and together, these various policies ensure the American taxpayer is not involved in funding the destruction of innocent human life.

And despite the assurances from President Obama, the Patient Protection and Affordability Care Act will allow Federal funds to subsidize abortions for the first time since 1976 through State high-risk pools and community health centers.

While the President's Executive order was an attempt to reassure Congress after the Stupak amendment did not make it into the bill's final version, the fact of the matter is that the Executive order is not law and it can change all too easily.

This bill will prohibit funding for abortions and abortion coverage under the Patient Protection and Affordability Act. This legislation also protects the conscience rights for health care workers such as myself by providing that Federal agencies and State and local governments funding by PPACA may not discriminate against health care entities that refuse to be involved in abortion.

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

Mr. PITTS. I yield the gentlelady an additional 15 seconds.

Mrs. BLACK. Madam Speaker, this bill is not about a mother's right to choose, as the President and the congressional Democrats would lead us to believe. Rather, this is about ensuring that the proper restrictions are in place in order to assure that taxpayer funds are not used to fund abortion or abortion coverage under the Patient Protection and Affordable Care Act.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. I thank the gentleman for yielding.

Madam Speaker, I rise in strong opposition to this bill. A new poll today suggests that the 9–9–9 campaign theme of the new Republican Presidential front-runner is starting to gain traction. And it appears that the majority has taken a page from the Cain playbook with their 10–10–10 program, because this is the 10th month without a jobs bill on the floor, the 10th time we've put polarizing social issues and attacks on women's health before job creation and economic security, and the 10th attempt at repealing parts or all of the Affordable Care Act.

This bill creates no jobs, it doesn't help the economy, and it inserts the government smack in the middle of people's health care decisions.

I urge a ''no'' vote on this bill and urge the majority to get to work helping the economy and creating jobs.

Mr. PITTS. Madam Speaker, I am pleased to yield 1 minute to another leader on the life issue, the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. I thank the gentleman from Pennsylvania for his leadership on this issue, and I'm privileged to be on the floor with a lot of pro-life activists.

I rise in support of the Protect Life Act, and I think we should talk about what is really going on behind those dollars that would go into abortion clinics.

It's been called cruel legislation. Think about how cruel it is to take a pair of forceps and pull a baby apart piece by piece in dilation and extraction, or D&E. Fourteen to 24 weeks, a fully formed, perfect, perfectly formed and perfectly innocent baby pulled apart piece by piece, put into a pan and added up to see if all the pieces are there. It is ghastly, it's gruesome, it's ghoulish, and it's grotesque, and we should never compel taxpayers to pay for something that we couldn't bear the sight of. And you'll never see a video of it for that reason.

It is a process that degrades our entire culture. And to argue that women can't spend their own dollars to get an abortion just simply isn't true. There is a side piece in this that still prevails, and there's always that cash right up to the Planned Parenthood.

So, Madam Speaker, I urge support for the Protect Life Act, and I congratulate the people that have stood for innocent, unborn human life so many times on the floor of the House of Representatives.

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

Ms. VELÁZQUEZ. I thank the gentleman for yielding.

At a time when the American people are crying out for action on jobs, we are debating legislation that will instead trample on a woman's fundamental reproductive rights. The fact of the matter is that the Affordable Care Act prohibits any taxpayers' dollars from paying for abortions. That's the law of the land.

The legislation before the House goes far beyond that, restricting, for the first time, how women with private insurance can spend their own private dollars in purchasing insurance. For women, this bill constitutes nothing less than a full-fledged assault on their right to choose.

Madam Speaker, with 8 million people unemployed in this country, with wages going down, poverty is on the rise, and this is all that the Republicans have to offer. This is why people are literally in the streets demanding solutions to the job crisis, seeking greater opportunity and an end to economic inequality.

The American people do not want ideological posturing. They want real solutions that create real jobs. Vote down this legislation.

Mr. PITTS. Madam Speaker, I am pleased to yield 1 minute to another eloquent voice for the unborn, the chair of the Pro-Life Women's Caucus, the gentlewoman from Ohio (Mrs. SCHMIDT).

Mrs. SCHMIDT. I'm actually one of the folks that read the bill before we passed it, and there are passages in the bill that do allow for Federal funding of abortion. What this bill does is it seeks to correct that language.

The Hyde amendment clearly states that no Federal tax dollars can be used for abortion. At the time that the Hyde amendment was created, we really only had Medicaid to worry about; but with the vast changes in our lifestyles, other avenues have come forward for Federal funding of abortion to occur if we are not careful in the way we construct laws in this awesome body.

Time and time again, the American public has said we're conflicted on the issue of abortion, but we're not conflicted about not using Federal funds to pay for it. Just in April of this year, 61 percent of respondents on a CNN poll said no Federal funding of abortion.

What this bill does is what we should have done in March of 2010—not allow any Federal funds to be used to pay for abortion any time, any place in this health care bill.

I urge my colleagues to pass this and correct the language that should have been done a year ago.

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

Mr. PITTS. Madam Speaker, at this time I yield 1 minute to another outstanding voice for the unborn, the gentleman from Indiana (Mr. PENCE).

(Mr. PENCE asked and was given permission to revise and extend his remarks.)

□ 1800

Mr. PENCE. Madam Speaker, I rise in support of the Protect Life Act with a grateful heart for Chairman JOE PITTS and Congressman DAN LIPINSKI for their bipartisan leadership in bringing this legislation to the floor. I believe that ending an innocent human life is morally wrong. But I also believe that it's morally wrong to take the taxpayer dollars of millions of pro-life Americans and use them to subsidize abortion or abortion coverage in this country. As it stands today, ObamaCare requires millions of pro-life taxpayers to pay for abortions and subsidize health care plans that cover abortions. This legislation will correct that profound flaw.

Now, I know President Obama issued an Executive order during the heat of the legislative battle over ObamaCare, but we all know Executive orders do not carry the force of law. They can be overturned by the courts and are superseded by statutes.

ObamaCare should be repealed. But in the meantime, let's take this moment to say ''yes'' to life, to say ''yes'' to respecting the values of tens of millions of Americans and make right that which was wrong in ObamaCare itself. Let's pass the Protect Life Act, and let's protect taxpayers of pro-life values all across this country and do it now.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentlewoman from Wisconsin, who is also a member of the Health Subcommittee, Ms. BALDWIN.

Ms. BALDWIN. Notably absent from the Republican agenda this year are the issues that the American people really care about—creating jobs and growing our economy. Just when we should be pulling together to work on these issues, instead, Republicans have put forth divisive and extreme legislation that takes away women's ability to make their own important life decisions about their reproductive health.

This extremist legislation is an unprecedented display of lack of respect for American women and our safety. The effect of this bill would be to cut off millions of women from the private care they already have and limit the ability of a woman to get the care she needs, even if the result is a serious permanent health condition that could shorten her life.

So we now know the Republicans' real agenda: to roll back women's health and rights. They have shown their true colors by trying to weaken the rape and incest exceptions for abortions. It's hard to believe, but a majority of the Republican House Members cosponsored legislation to give insurance companies new authority to decide if a woman had been raped and to deny care to incest victims. Thanks to the American women who spoke out, this dangerous provision was dropped. But I think it raises an important question: If Republicans are willing to redefine what constitutes rape and incest, what are they going to try next?

Enough is enough. It is time for the Republican majority to respect women's important life decisions, and it is time that they start to stand and start to refocus on the priorities of this country right now—jobs and growing the economy. I urge my colleagues to oppose this extreme and intrusive legislation.

Mr. PITTS. Madam Speaker, before I yield to the next gentleman, in response to the gentlelady, the House has passed 12 different jobs bills already. I believe the gentlelady has voted against every one. They're sitting in the Senate waiting for action.

I would like to yield 1 minute to the gentleman from Arizona, another leader in the pro-life movement, Mr. FRANKS.

Mr. FRANKS of Arizona. I certainly thank the gentleman.

Madam Speaker, when ObamaCare was being unceremoniously rammed through this Congress against the will of the American people, Democrats tried to assure everyone that it was all about compassion.

But, Madam Speaker, nothing so completely destroys the notion that ObamaCare was ever about compassion more than the tragic determination on the part of the Democratic leadership to include the killing of little children by abortion in its provisions.

Now, Madam Speaker, as we face a debt that grows by $4 billion under the strain of Mr. Obama's record-setting spending every day, maybe we should all ask ourselves a question, and that is, is setting aside millions of taxpayer dollars to pay for the killing of innocent unborn children really one of our financial priorities?

And if it is, we should ask another question, and that is, what in God's name has become of all of us?

Mr. PALLONE. Madam Speaker, may I ask about the time again?

The SPEAKER pro tempore. The gentleman from New Jersey has 11 minutes remaining. The gentleman from Pennsylvania has 14¼ minutes remaining.

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

Mr. PITTS. Madam Speaker, at this time I yield 1 minute to the gentleman from Ohio (Mr. AUSTRIA).

Mr. AUSTRIA. I thank the gentleman from Pennsylvania for his hard

work on this bill. As a member of the Congressional Pro-Life Caucus and original cosponsor of this bill, I strongly support the Protect Life Act.

We heard during the health care reform debate that tax dollars would not be used to fund abortions. However, this important language was stripped from the final bill and replaced with accounting gimmicks and an Executive order that can be reversed at any time by this President or future administrations.

This opens the door for federally funded abortions in the future and goes against the majority of Americans who believe that the government should not be in the business of paying for abortions. Congress must act now to protect the lives of our unborn children and to fully ensure that no tax dollars from ObamaCare are used to fund abortions.

The Protect Life Act also ensures that medical providers and workers are not discriminated against for refusing to perform abortions. These protections are crucial for health care providers around the Nation whose core values include a deeply held belief that we must protect all human life. I urge my colleagues to vote for the Protect Life Act.

Mr. PALLONE. I yield 1 minute to the gentlewoman from Ohio (Ms. SUTTON).

Ms. SUTTON. Madam Speaker, the Republican majority is at it again. With no real jobs plan, we've seen this majority attempt to thrust on the American people bills that strip them of their rights instead of putting them back to work. Make no mistake: Those proposing this know this extreme bill will not pass the Senate and it will not be signed into law by the President.

This bill, at its core, is an attack on women, especially poor women. Its extreme provisions will jeopardize a woman's access to lifesaving care. It is outrageous that this Republican majority continues to focus on protecting subsidies for Big Oil, tax cuts for billionaires, and targeting women and their access to health care.

Instead of working to help create jobs and empower women to improve their lives, the Republican majority is, instead, trying to pass this bill to allow hospitals to refuse to provide critical, lifesaving care. That means women in rural areas who may only have access to one hospital could be left to die.

This isn't the time to be putting America's women at risk. This is the time to be putting them and all Americans back to work. I encourage my colleagues to vote ''no'' on this extreme bill.

Mr. PITTS. Madam Speaker, I yield 1 minute to the distinguished gentleman from Arizona (Mr. FLAKE).

Mr. FLAKE. I thank the gentleman for yielding.

I rise in support of H.R. 358, the Protect Life Act, of which I'm a cosponsor. It's been the practice of this House for decades to ensure that federal funds are not used for abortion except in rare cases of rape, incest, or to save the life of the mother. This is typically done by attaching language to appropriation bills that go through this House. Unfortunately, we don't always have regular order.

Appropriation bills this year are likely to see a minibus or an omnibus or a vehicle that might not lend itself to attachment of this language. So I think it is prudent what the House is doing today to ensure that this language goes into legislation to make sure that federal funds are not used for abortion services and to carry on the will of this body. For that, I urge support of the bill.

Mr. PALLONE. I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS), who is a member of the Health Subcommittee.

Mrs. CAPPS. Madam Speaker, I rise in opposition to this misguided legislation.

While the House leadership claims that this week's agenda is all about jobs, the discussion of this bill on the House floor shows their true colors. Just like when they almost shut down the government over Planned Parenthood, today we, once again, witness how ideological campaign promises trump needed actions on jobs and the economy.

It's been said before, and I'll say it again, H.R. 358 does not create a single job—not one. Instead, it's an unprecedented assault on the rights of women and families everywhere to make important life decisions.

□ 1810

This bill does a lot. It limits the choices of women and families to purchase health insurance with their own dollars; it removes vital protections to ensure that a pregnant woman with a life-threatening condition can get lifesaving care; and it circumvents State laws that ensure that women have access to preventive services, like screenings and birth control.

But what this bill doesn't do is trust our Nation's women and families to make their own health care choices.

This is unacceptable.

Some have claimed that the Affordable Care Act has led to taxpayer-funded abortions. That is false. Others have claimed that this bill is nothing but the Stupak language that divided our Chamber last year. I was involved in every debate over the Stupak amendment in the House. Madam Speaker, I can tell you this is way beyond that misguided amendment.

So I urge my colleagues to abandon this divisive effort, to put the brakes on this extreme legislation, and to let us turn our focus to the issue of job creation to help the American people.

Mr. PITTS. Madam Speaker, just to correct the gentlelady, there were three Stupak-Pitts amendments. Two were adopted in committee and one on the floor, which got the most publicity. When they went to the Senate, they were all taken out. We're going back to the original Stupak-Pitts amendments.

With that, I yield 1 minute to the gentleman from Michigan (Mr. HUIZENGA).

Mr. HUIZENGA of Michigan. I appreciate the leadership of my friend from Pennsylvania, who has been stalwart on this issue.

Really, what we're seeing, folks, is a sleight of hand. They want to talk about jobs, and they want to talk about Big Oil because they don't want to talk about the preciousness of life and how this procedure takes the life of an innocent. It has been labeled an ''extreme'' bill when, actually, this is a reasonable step that codifies what this President says is his own position.

I have a brother-in-law who is a doctor down in Cincinnati. A little earlier today, I called him to talk to him about what he went through in his training and what he had to deal with as to this particular issue.

When I described to him what we were trying to do about allowing him and any other med student and any other person who is going through that to conscientiously object from putting forward a procedure that they don't agree with, he said, Of course, that makes sense.

When I started talking to him about some of the rhetoric and about some of the demagoguery that's surrounding this, he sarcastically said, Boy, that doesn't sound political, does it?

That's exactly what it is.

The American people who are watching this right now need to understand that this is about life and protecting that life and making sure that our health care providers have the ability to say ''no'' to a procedure that they don't want to do.

Mr. PALLONE. I yield 30 seconds to the gentlewoman from Texas, Ms. SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. Madam Speaker, let me be very clear. The only ''no'' that is being said is ''no'' to the vulnerable women who are traveling in emergency ambulances to the hospital, desiring emergency treatment, dying, and not being able to be treated, needing to correct a problem that has, in fact, damaged their health and not being able to be treated.

Not only is this bill unconstitutional, but the Affordable Care Act does not promote abortion. Frankly, Federal funds are not being utilized for abortion as it will complicate the insurance process for all women in America.

All you can hear is the siren going around and around and around—that woman lying on a gurney—and that hospital being able to say ''no'' and ''yes.'' The only ''no'' is that she will not live because this bill is passed.

I ask my colleagues to vote against this bill. Vote for life. Vote against this bill.

Madam Speaker, I rise today in strong opposition to H.R. 358, The Protect Life Act. This bill will have a detrimental impact on women's

health, and moreover, attacks a woman's constitutionally protected right to choose. It will restrict Access to health care services. It would effectively shut down the private insurance market for allowing women to get complete health care coverage. Once again instead of focusing on JOBS we are again focusing on issues that will not help to feed American families.

As a strong advocate for women's health, I cannot stand by and watch as those who do not support the rights of women to determine their health care options find different and often insidious ways to take away their ability to have full health care coverage.

We are asking women to give up their right to privacy. These decisions need to be between a woman and her doctor. She has the right to determine who, if anyone else she would like to inform of her health care choices. In addition to rendering it nearly impossible for women to get insurance coverage for abortion care in the new state health exchanges, H.R. 358 allows public hospitals to refuse to provide emergency abortion care, even in situations when the procedure is necessary to save a woman's life.

This has been a long and hard fight. Thirty-eight years ago, the American people learned of the Supreme Court's momentous ruling in Roe versus Wade—the case which established constitutional restrictions on the State's ability to regulate or restrict a woman's decision to have an abortion. In the year 1973, the Supreme Court asserted that the 14th amendment protects a woman's right to choose for herself whether to have an abortion.

Many women in 1973 must have viewed the Supreme Court's ruling in Roe versus Wade as an encouraging turning point in the way our courts recognize the rights of women under the Constitution. The Roe versus Wade decision at last offered a choice to many women who had been victims of rape or incest, but had been denied abortion as a legal option. Roe versus Wade offered a choice to many women whose lives would have been threatened by going through childbirth, but had been denied abortion as a legal option. And Roe versus Wade offered a choice to women who, for a variety of personal reasons, would prefer not to carry a pregnancy to term, but had earlier been denied abortion as a legal option.

Indeed, it is my hope that the Supreme Court will continue to protect women against any State erosion of a woman's individual rights. Let us not undermine the breakthrough made for women by the Supreme Court in 1973. Let us not jeopardize the right of a woman to choose whether she will bear children. Let us not place a woman's right to personal privacy at risk. Instead, let us reaffirm those rights and give consistent support not only to those who choose to have children, but also to those who do not.

Since Roe v. Wade, a woman's right to choose has been systematically eroded by anti-choice legislators. In fact, more than 450 anti-choice measures have been enacted in the states since 1995, essentially rolling back this fundamental right for many women. Women in 19 states could face sweeping bans on abortion if the Supreme Court reverses Roe and allows states to re-criminalize abortion, menacing doctors and their patients with the threat of criminal investigation, prosecution, and even imprisonment.

The argument has been over and over that tax payer dollars should not be used to fund abortions. This argument is an extreme overreach. The Affordable Care Act already includes a provision that prohibits any U.S. taxpayer dollars from funding abortions. As this is the case the purpose of this bill seems to only be to rattle people's cages by attacking women and failing to address the job crisis in this country. We should focus on creating jobs. This bill seems to be a red herring. Instead of focusing on jobs, the economy, rebuilding America, we are instead focusing on an issue that everyone knows is divisive.

Women would no longer be able to have full health care coverage without disclosing very personal information. They must predict in advance whether or not they are going to use a service that is legal in this country. It is the law, and the law should be upheld. Women would be required to buy separate coverage specifically for abortions. There is no such policy for any health procedure that a man may be required to undergo. This is an issue of privacy, this is an issue of fairness, and this is an issue of gender equality. A woman like a man has the right to make private, personal choices about her health. She should not be punished by not having access to adequate health care. This is about a constitutional right!

Mr. PITTS. Madam Speaker, I yield 1 minute to another outstanding voice for the unborn, one of our freshmen from Oklahoma (Mr. LANKFORD).

(Mr. LANKFORD asked and was given permission to revise and extend his remarks.)

Mr. LANKFORD. We are a Nation that values all life.

When a bridge is under construction and a migratory bird's nest with eggs is discovered, the Fish and Wildlife Migratory Bird Treaty Act forces the delay of construction until the birds have hatched and flown away.

Why? Because life is important to us.

When a baby is born prematurely, we spend hundreds of thousands of dollars to save that child because each life is important to us. We have one glaring and obvious exception to this passion for life: abortion.

For some reason, we see the life of a duck and its egg as more valuable than an infant in the womb. For some reason, we think that a baby born 5 weeks early is worthy of hundreds of thousands of dollars of medical technology to save; but if that same mother wanted to hire a doctor to reach in the womb and kill that child with scissors 5 weeks before delivery, some would demand her choice must be protected.

What our Founding Fathers considered a self-evident truth is that we have been endowed by our Creator with certain rights, beginning with ''life,'' which is now a topic open for discussion in our modern day ethic.

I still believe in the value of the instructions given to leaders thousands of years ago in Proverbs 31: ''Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly.''

Mr. PALLONE. Madam Speaker, I believe there is still more time on the other side; so I would reserve at this time.

Mr. PITTS. At this time I yield 1 minute to the distinguished gentleman from Texas (Mr. NEUGEBAUER).

Mr. NEUGEBAUER. I thank the gentleman for yielding, and I thank him for his tireless work for the unborn.

I think it's a little interesting. I came down here tonight to talk about life, and my colleagues across the aisle are talking about the jobs bill that their President introduced. Unfortunately, the last time I checked, zero Democrats had cosigned that bill.

Really, what I want to talk about tonight, Madam Speaker, are the rights of the unborn.

We were told when we did this health care bill, Don't worry about it. We'll do the Executive order because we're going to take the Stupak-Pitts amendment out.

The truth of the matter is, if we were going to do the Executive order, why didn't we go ahead and pass the Stupak-Pitts amendment? The reason is that we know, inside that bill, in several paragraphs and in several areas, is the ability for taxpayer money to be used for abortion.

In fact, according to Douglas Johnson, the Federal legislative director of the National Right to Life Committee, ''ObamaCare contains multiple provisions that provide authorizations for subsidies for abortion, both implicit and explicit, and also multiple provisions which may be used as bases for abortion-expanding administrative actions.''

Let's vote for life.

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

Ms. SCHAKOWSKY. I thank the gentleman for yielding.

We are running out of legislative days before the end of the year, and instead of focusing on jobs or the economy, the House leadership has decided once again to consider legislation that endangers and attacks the rights of women.

H.R. 358 is extreme legislation that puts the lives of women in danger. This legislation undermines the guarantee of emergency care under the Emergency Medical Treatment and Active Labor Act, EMTALA.

H.R. 358 strips EMTALA of its power to ensure that women receive abortion care in emergency situations at hospitals by making their right to health care secondary to a hospital's ability to refuse to provide abortion care.

Abortion care is necessary in some circumstances to save a woman's life. During the hearing on H.R. 358 in the Energy and Commerce Committee, some witnesses wrongly claimed that this was not the case. In response to those claims, Dr. Cassing Hammond, director of Northwestern University's Center for Family Planning and Contraception wrote a letter, based on his 20 years of experience in obstetric and complex abortion care, to the committee to set the record straight.

In his letter, Dr. Hammond states:

''Most patients are healthy women having healthy babies, but I am frequently asked to provide abortions for

women confronting severely troubled pregnancies or their own life-endangering health issues. Physicians who provide health care to women cannot choose to ignore the more tragic consequences of human pregnancy—and neither should Congress.''

This legislation is an extreme and mean-spirited way to roll back women's health and rights. It is too extreme for women, too extreme for America, and we must reject it.

Mr. PITTS. Madam Speaker, I am pleased to yield 2 minutes to one of the outstanding pro-life leaders in this House, a pro-life Democrat, my cosponsor of the Protect Life Act, the gentleman from Illinois, DAN LIPINSKI.

□ 1820

Mr. LIPINSKI. I thank the gentleman for yielding and for his leadership on this issue.

Madam Speaker, I rise today in strong support of the Protect Life Act, a bill which will apply the decades-old Hyde amendment policy prohibiting taxpayer funding of elective abortion to the Affordable Care Act.

While the discussion in our Nation continues concerning laws governing abortions, there has been a general consensus to prohibit the use of taxpayer money to pay for elective abortion or insurance coverage of abortion. This has long been embodied in the Hyde amendment that annually has been included in an appropriations bill which most of us on both sides of the aisle have voted for.

The Protect Life Act simply applies the Hyde amendment to the Affordable Care Act, just as the House did in 2009 with the Stupak-Pitts amendment during our initial consideration of the Affordable Care Act. At that time, 63 of my Democratic colleagues joined me in voting for that amendment. However, the final bill that became law did not include that language, and the President's Executive order does not implement the Hyde amendment.

The order does not include Hyde prohibitions on taxpayer funding for insurance coverage of abortion, and it can be struck down by courts or overturned by any administration at any time. In addition, what happened last year with State high-risk health plans covering abortion demonstrates the vulnerability that the Executive order has and the need for clarity.

Madam Speaker, today we have the opportunity to provide that clarity and do what a large majority of Americans want and what Congress has done for more than three decades; that is, prohibit the use of taxpayer dollars for abortion. So today I urge my colleagues to support the Protect Life Act.

Mr. PALLONE. Madam Speaker, let me just ask about the time again. I have two more speakers.

The SPEAKER pro tempore. The gentleman from New Jersey has 6 minutes remaining, and the gentleman from Pennsylvania has 7 minutes remaining.

Mr. PALLONE. I continue to reserve the balance of my time.

Mr. PITTS. Madam Speaker, I yield 1 minute to the gentleman from New Mexico (Mr. PEARCE).

Mr. PEARCE. I thank the gentleman from Pennsylvania.

In the United States, if you destroy an eagle egg you are subject to 5 years in jail and a $250,000 fine. If you destroy a human egg, it's not only legal, but it's taxpayer funded. That's what we're here to talk about.

You would hear our friends say that we've taken too much time today, that we can't give 2 hours out of the endless lunches, out of the fundraisers, out of the rubbing elbows with the powerful to talk for the unborn and the innocents.

I would tell you that even in economic times we cannot suspend our voices against injustice. We cannot suspend our voices for the weak, the powerless. It is our sacred duty to be a voice in the Republic for those who have no standing. The unborn have no standing and no voice.

Let us allow our voices to be heard for these 2 hours.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. I thank my friend for yielding.

What I'm hearing from the people in my area, I think most Members are hearing this, is the American people want the divisiveness to stop and the jobs to start.

This bill tonight does the opposite. It's the most divisive issue we could really put before this House and this country.

There was a carefully balanced compromise that's been the law of the land—and is the law of the land—for a very long time that says that taxpayer money should not pay for abortion, but that a woman who chooses to have an abortion with her own money has that right.

This bill upsets that balance but, more importantly than that, I think this bill ignores the opportunity for us to come together and stop the divisiveness and start working on the problem the country wants us to work on, which is the creation of jobs.

Tomorrow will be yet another Friday without a paycheck for millions of Americans. It might be the day that a small businessman or businesswoman closes their shop for the last time. It might be the day that the mortgage foreclosure is executed and someone loses their home.

This country is in crisis. There is an emergency around this country that needs to be dealt with right now.

People feel very, very deeply about the issue of abortion on both sides. I respect both sides. The law respects both sides with the compromise that we have.

What we ought to collectively respect is the urgent demands of the American public to come together and get to work to put the country back to work. That should be the agenda of the Congress, not this bill. Let us work our will, and whatever it is tonight, I'll be voting ''no.'' But can't we work our will on a plan to work together and put the country back to work?

Mr. PITTS. I yield 1 minute to the distinguished gentleman from Louisiana (Mr. LANDRY).

Mr. LANDRY. Madam Speaker, this is not a divisive issue; this is a bipartisan issue. The language in H.R. 358 was in the Stupak-Pitts amendment passed in the Democrat-led House last Congress.

If they supported it then, why would they not support it now? Because of Executive order? Absolutely not.

ObamaCare created a fund specifically reserved for abortion coverage. So what in the world makes one think this money will not support abortion coverage? We all remember, ''We have to pass this bill before we find out what's in it.''

Unfortunately, they passed the bill, and we found no language to ensure taxpayers won't have to pay for something the majority of Americans don't support.

Madam Speaker, if my colleagues on the other side of the aisle insisted the health care law prohibits taxpayer funding for abortion, then they should support the bipartisan H.R. 358 to ensure that it is, indeed, the case.

Mr. PALLONE. I have one speaker left; so I reserve the balance of my time.

Mr. PITTS. Madam Speaker, at this time I yield 1 minute to the gentleman from Kansas (Mr. HUELSKAMP).

(Mr. HUELSKAMP asked and was given permission to revise and extend his remarks.)

Mr. HUELSKAMP. Madam Speaker, I rise today, as the father of four adopted children, to offer my strong support for the Protect Life Act.

Opponents of this bill allege it is unconstitutional, and that is simply not true. While the Supreme Court has wrongfully decided abortion is a constitutional right, they have also clearly upheld the constitutionality of the Hyde amendment and the language in this bill.

Madam Speaker, this is not revolutionary, earth-shaking legislation we are considering. I would like to see Congress go much further in protecting life.

We should not be funding the abortions in the District. We should be protecting conscience rights for health care providers. We should stop giving money to organizations like Planned Parenthood. We should be ending the practice of abortion in America.

This bill is an important step, but more certainly needs to be done. I urge my colleagues to protect life and support this bill in honor of all adopted children, their birth families, and their adoptive families.

Mr. PALLONE. I continue to reserve the balance of my time.

Mr. PITTS. Madam Speaker, I yield 1 minute to the distinguished chairman of the Pro-Life Caucus, the gentleman from New Jersey (Mr. SMITH).

(Mr. SMITH of New Jersey asked and was given permission to revise and extend his remarks.)

Mr. SMITH of New Jersey. Madam Speaker, abortion not only dismembers and chemically poisons unborn children to death, and my friend from New Jersey (Mr. PALLONE) used to know that. He used to be very pro-life, as some other Members who have reversed themselves.

But it also hurts women's health and puts future children subsequently born to women who aborted at significant risk. At least 102 studies show significant psychological harm, major depression, and elevated suicide risk in women who abort.

Published just last month in the British Journal of Psychiatry, a meta-analysis comprised of 22 studies and over 887,000 participants, the largest quantitative estimate of mental health risk associated with abortion in world literature ever, revealed that women who have undergone an abortion experience an 81 percent increased risk of mental health problems. You never hear that from the abortion side.

The Times of London has also found the clear link that women had twice the level of psychological problems and three times the level of depression, and subsequent risk to children born to women who have had a previous abortion.

This is all about no taxpayer funding for abortion.

Nothing less than a comprehensive prohibition on public funding, promotion and facilitation of elective abortion in any federal health program, satisfies the demands of social justice.

The Protect Life Act, authored by Chairman JOE PITTS and DAN LIPINSKI, ensures that all the elements of the Hyde amendment applies to all the programs that are both authorized and appropriated in Obamacare.

By now, I trust that all members fully understand that because programs in Obamacare are both authorized and appropriated in the law, the actual Hyde Amendment has no legal affect whatsoever. Hyde only affects Labor HHS programs not this massive expansion of government funded health care.

Thus Obamacare when phased in fully in 2014 will open up the floodgates of public funding for abortion in a myriad of programs resulting in more dead babies and wounded moms than would otherwise have been the case.

Because abortion methods dismember, decapitate, crush, poison, starve to death and induce premature labor, pro-life Members of Congress, and according to every reputable poll, significant majorities of Americans want no complicity whatsoever in this evil. Obamacare forces us to be complicit.

Despite breathtaking advances in recent years in respecting and treating the unborn child as a patient—in need of diagnosis and treatment for any number of diseases or conditions, just like any other patient—far too many people dismiss the baby in the womb as persona non grata.

I respectfully but firmly asked how violence against children by abortion—dismemberment, chemical poisoning, lethal pills euphemistically marketed as medical abortion—can be construed as benign or compassionate or caring.

The dangerous myth of ''safe abortion'' must be exposed.

So-called ''safe abortion'' is the ultimate oxymoron, an Orwellian manipulation of language, designed to convey bogus respectability to a lethal act. Abortion is never safe for the child and is antithetical to UN Development Goal 4—which rallies the world to reduce child mortality. Abortion is, by any reasonable definition, child mortality. It sole purpose is to kill a baby.

Arrogant and presumptuous talk that brands any child as an ''unwanted child'' reduces that child to a mere object, bereft of inherent dignity or value.

Abortion, not only dismembers and chemically poisons unborn children to death, but hurts women's health and puts future children subsequently born to women who, aborted at significant risk. At least 102 studies show significant psychological harm, major depression and elevated suicide risk in women who abort.

Published last month in the British Journal of Psychiatry, a meta analysis, comprised of 22 studies and 887,181 participants, the largest quantitative estimate of mental health risks associated with abortion in world literature revealed ''women who had undergone an abortion experienced an 81% increased risk of mental health problems.''

Recently, the Times of London reported ''that women who have had abortions have twice the level of psychological problems and three times the level of depression as women who have given birth or who have never been pregnant . . .''

Similarly, the risk of subsequent children being born with low birth weight increases by 35 percent after one and 72 percent after two or more abortions. Another study shows the risk increases 9 times after a woman has had three abortions.

What does this mean for her children? Preterm birth is the leading cause of infant mortality in the industrialized world after congenital anomalies. Preterm infants have a greater risk of suffering from chronic lung disease, sensory deficits, cerebral palsy, cognitive impairments and behavior problems. Low birth weight is similarly associated with neonatal mortality and morbidity.

Obamacare authorizes health care plans and policies funded with tax credits to pay for abortion, so long as the issuer of the federally subsided plan collects a new congressionally mandated fee from every enrollee in that plan to pay for other peoples abortions. Requiring the segregation of funds into allocation accounts—a mere bookkeeping exercise touted by some as an improvement to the new pro-abortion funding scheme—does absolutely nothing to protect any victims—baby or mother—from publically funded abortion.

Also billions for new Community Health Centers are outside the scope of the Hyde amendment as well.

Obamacare also contains a little known provision that creates a devastating loophole for conscience rights. Section 1303(d) allows any state or federal law involving emergency services to override any conscience protections added to PPACA. Contrary to the claims of H.R. 358 opponents, Section 1303(d) is NOT uniquely about the 1986 Emergency Medical Treatment and Active Labor Act (EMTALA). The section references EMTALA but the operative language is much broader, giving authority to override conscience laws to any federal or state law that employs the term emergency services.

The ''Nondiscrimination on Abortion'' (new subsection 1303 (g)) portion of H.R. 358, the Protect Life Act applies to Obamacare the language of the Hyde/Weldon amendment, which has been in the annual Labor/HHS appropriations bills every year since 2004 without any effort to change or remove it. This subsection is needed because Obamacare creates many new funding streams that bypass the Labor/HHS appropriations act, and therefore bypass the protections of the Hyde/Weldon amendment in that act.

Also, Obamacare creates a huge new program administered by OPM that would manage two or more new multi-state or national health plans. The new law stipulates that at least one plan not pay for abortion. Which only begs to question: what about the other new multi-state plans administered by OPM? Why can those federally administered plans include funding abortion on demand? This represents a radical departure from current policy.

Additionally, other appropriated funds under Obamacare that have no Hyde-type protections include billions for a temporary high risk health insurance pools and billions in grants and loans for health care co-ops.

In testimony before the Energy and Commerce Committee on February, 9, 2011, Douglas Johnson, Federal Legislative Director for the National Right to Life Committee said:

> The first major component of the PPACA to be implemented, the Pre-Existing Condition Insurance Plan (PCIP) program, a 100% federally funded program, provided a graphic demonstration of the problem: The Department of Health and Human Services approved plans from multiple states that would have covered elective abortions. NRLC documented this and blew the whistle in July, 2010, which produced a public outcry, after which DHHS announced a discretionary decision that the PCIP plans would not cover elective abortions. Commentators on all sides of the issue were in agreement about one thing: Coverage of elective abortions within this new, 100% federally funded program was not impeded by any provision of the PPACA, and was not even addressed in Executive Order 13535.
>
> On the same day that DHHS issued its decision to exclude abortion from this program—July 29, 2010—the head of the White House Office of Health Reform, Nancy-Ann DeParle, issued a statement on the White House blog explaining that the discretionary decision to exclude abortion from the PCIP ''is not a precedent for other programs or policies [under the PPACA] given the unique, temporary nature of the program . . .'' Laura Murphy, director of the Washington Legislative Office of the American Civil Liberties Union, said, ''The White House has decided to voluntarily impose the ban for all women in the newly-created high risk insurance pools. . . . What is disappointing is that there is nothing in the law that requires the Obama Administration to impose this broad and highly restrictive abortion ban.'' (''ACLU steps into healthcare reform fray over abortion,'' The Hill, July 17, 2010.)''

Then there's the Mikulski Amendment, Sec. 2713, which empowers the HHS Secretary

with broad new authority to force private health care plans in America to cover "preventable" services. When Senator BEN NELSON suggested that abortion not be included in the so-called preventative services mandate, Ms. MIKULSKI said no—raising a serious red flag that abortion is being postured as "preventable abortion service in the future"—after all, abortion prevents a live birth, by exterminating the child.

Killing unborn children and calling it preventative health care isn't new.

And as far back as 1976, Dr. Willard Cates, Jr. and Dr. David Grimes then with CDC presented a paper to a Planned Parenthood meeting, entitled: Abortion as a Treatment for Unintended Pregnancy: The Number Two Sexually Transmitted "Disease". To designate pregnancy a sexually transmitted disease; and call abortion a treatment or a means of prevention for this "disease" is barbaric.

Abortion isn't health care—preventative or otherwise.

Madam Speaker, we live in an age of ultrasound imaging—the ultimate window to the womb and it's occupant. We are in the midst of a fetal health care revolution, an explosion of benign innovative interventions designed to diagnose, treat and cure disease or illness any unborn child may be suffering.

Unborn children are society's youngest and most vulnerable patients. Obamacare should do them no harm. Tragically, it does the worst harm of all. It kills them.

□ 1830

Mr. PALLONE. Madam Speaker, is the gentleman prepared to close?

Mr. PITTS. We have two additional speakers.

Mr. PALLONE. I continue to reserve the balance of my time.

Mr. PITTS. At this time I yield 1 minute to the gentleman from Alabama (Mr. ADERHOLT).

Mr. ADERHOLT. Madam Speaker, I rise in strong support of this legislation, the Protect Life Act. I do want to thank the gentleman from Pennsylvania (Mr. PITTS) and the gentleman from Illinois (Mr. LIPINSKI) for this bipartisan legislation.

As we have heard during this debate, the health care legislation that was signed into law back in 2010 simply did not protect the unborn. It in no way included clear or direct provisions that would prohibit Federal funding of abortion, and the President's Executive order on this issue is totally inadequate. Executive orders can simply be rescinded at any time and cannot be relied upon to clarify such an issue at any time.

There are some people who have said the legislation that's before us today will stop women from buying health insurance coverage that includes abortion, even if they want to from their own money. According to the bill that's before us, the bill sets out and articulates that an individual may purchase plans that cover abortion with their own money. On top of that, the bill also allows a supplemental abortion policy for those who use a government subsidy to buy insurance.

So I wanted to point that out to my colleagues here this evening, and I would ask for support for this legislation.

Mr. PALLONE. Madam Speaker, I yield the balance of my time to the gentlewoman from Colorado (Ms. DEGETTE), who is really the most knowledgeable on this issue.

The SPEAKER pro tempore. The gentlewoman from Colorado is recognized for 4 minutes.

Ms. DEGETTE. Thank you, Madam Speaker.

Madam Speaker, there are some days in this Congress I feel like I'm in Alice in Wonderland where logic is turned on its head and all of us have fallen down the rabbit hole. Today is certainly one of those days.

Here we stand on the 282nd day of this Congress, and the House majority has not yet passed a jobs plan. Instead, we have spent all day long once again attacking women's health with a bill that will never become law. A similar bill already passed the House and died in the Senate, and the President has issued a veto threat on this bill even if it did somehow become law.

With only 20 legislative days left this year, the leadership of this body has somehow decided that we should spend the day advancing legislation which would severely compromise women's health.

Madam Speaker, despite the claims from my colleagues across the aisle, this bill does not simply say that there won't be any public funds for abortion. It goes far, far beyond. In fact, the Hyde amendment, which is the law of the land, says that there will be no Federal funds for abortions except in cases of rape, incest, or the life of the woman, period.

Let me say that again. There is no Federal funding of abortion anywhere in Federal law.

Let me say that again. The Federal law, not the Federal employees health care plan, not Medicaid, not the military, not the Affordable Health Care Act, nowhere in the law is there Federal funding for abortion, period. In the Affordable Health Care Act, in section 1303, it specifically says there will be no Federal funding for abortion.

Now, this bill, contrary to the claims of its proponents, goes far beyond current law, and here's how. It says women who purchase health care insurance in the exchanges cannot use their own money to buy private insurance plans that have a full range of reproductive coverage. Under current law, women can use their own money to buy insurance that covers that full range of reproductive health care. And, Madam Speaker, that is not changed by the Affordable Health Care Act. But under this law, what would happen would be women purchasing private insurance plans in the exchanges with their own private money would not be able to purchase a plan that had a full range of reproductive care. That would take away the rights of women to exercise their own constitutional rights to have a full range of health care.

In addition, Madam Speaker, this bill also includes such broad refusal language it could override core patient protections contained in the Emergency Medical Treatment and Active Labor Act, allowing hospitals to refuse lifesaving treatment to women on religious or moral grounds, thus causing their death inside the hospital despite their treatable condition.

Now listen, when I listen to this debate, it's really clear to me that the proponents of this bill, their main concern is not Federal funding of abortion. Their main concern is they want abortion to be illegal, and so here's my view. Having debated this now for 15 years in this body, here's my view. If the majority wants to pass a bill banning abortion, pass a bill banning abortion and we'll fight it out in the courts. Don't make claims that there is somehow Federal funding for abortion when in fact there is none to confuse the issues and to try to confuse the American public because I'm going to tell you something. The public will not be confused. They know what this bill does. They know they want jobs, and they know that's our agenda.

Vote "no" on this ill-conceived piece of legislation.

Mr. PITTS. Madam Speaker, I yield the balance of my time to the gentleman from Texas, Dr. BURGESS.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 2 minutes.

Mr. BURGESS. I thank the gentleman for the recognition.

Let's be clear about the Affordable Care Act. The EMTALA provision of the underlying law, the Affordable Care Act, is not actually the EMTALA provision because it puts in a great big loophole. The loophole is in the language of the law, and it said providing emergency services as required by State or Federal law, which may be changed; and therein is the problem.

Most of us remember the night before the Affordable Care Act passed. We remember the drama of Bart Stupak going down to the White House. We remember the drama of the Executive order. So what Mr. PITTS is providing us today is the ability to put the language of the Executive order into legislative language and make it law so that it may not be arbitrarily changed by this President or some other President at a future time.

Now, I want to take just a few moments and read into the RECORD from doctors who have written to our committee, doctors who provide emergency services, obstetric services, who tell us over and over again that they have never been required to do something that was against their conscience and put someone's life in danger.

A doctor from the University of Minnesota writes in: During my years of practice, I have worked under informal and formal conscience rights protections that permit me to provide the best pregnancy care without being forced to perform abortions. In my

years of practice, I have never seen a woman denied appropriate care because of the exercise of the rights of conscience in this regard.

Another letter, from a Virginia hospital: As a physician who has worked in emergency rooms for over 30 years, I am well-versed in the Federal Emergency Medical Treatment and Active Labor Act and similar policies. I continue to practice emergency medicine. I teach it. Based on three decades of experience, I see absolutely no merit in the claim that conscience laws on abortion pose any risk of allowing pregnant women to die in emergency rooms.

Another letter, from the University of North Carolina: My personal conscience directs me to provide the best of care to pregnant women and their unborn children, and I am able to do so without performing abortions, as are several of my colleagues, and a proportion of the residents we train each year. I have not seen a situation where an emergent event or urgent abortion was needed. No one in my entire 20 years of clinical practice has ever been denied appropriate care because of the exercise of my rights of conscience.

Our committee receives these letters all of the time. I submit them for the RECORD, and I urge an ''aye'' vote on the Pitts bill.

ROBERT C. BYRD HEALTH SCIENCES CENTER OF WEST VIRGINIA UNIVERSITY,
Charleston, WV, October 12, 2011.

Representatives JOE PITTS and DAN LIPINSKI,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVES PITTS AND LIPINSKI: I am writing in support of Sections 2(a)(6) and 2(a)(7) of H.R. 358 that provide federal legal protection of conscience regarding abortion for those who care for pregnant women. My experience includes 20 plus years of clinical care, research, and instruction as a Board certified Obstetrician & Gynecologist and Maternal-Fetal medicine. I daily provide care for women and babies who have medically complicated, life-threatening, and uncommon pregnancy complications. Further, as the originator of ''perinatal hospice'', I have cared for (and still do) dozens of women with babies who have terminal prenatal diagnoses who will die shortly after birth.

No one in my entire 20 plus years of clinical experience has ever been denied appropriate care because of the exercise of rights of conscience in the provision of abortion. Women and babies may die in spite of our best efforts, but this is not related to abortion availability or provision.

In my understanding of this new federal statute, conscience will now be formally and legally protected. There is no need for additional exceptions or amendments to this law as it is written.

I am more than happy to discuss this issue with either of you or with one of your colleagues. I may be contacted by email at byron.calhoun@camc.org or directly on my cell phone at (304) 741–4031.

Sincerely,

BYRON C. CALHOUN, M.D., FACOG,
Professor and Vice Chairman of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, West Virginia University School of Medicine, Charleston Division, Charleston, WV.

UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE,
Chapel Hill, NC, October 12, 2011.

Representatives JOE PITTS and DAN LIPINSKI,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVES PITTS AND LIPINSKI: I am board certified specialist in Obstetrics and Gynecology with a sub-specialty certification in Maternal-Fetal Medicine. I have over twenty-seven years of experience in practice, teaching and research at a major academic health center. During my career I have cared for numerous women and babies with complications that increase the risk of maternal death. In some of these situations, both a mother and her baby have lost their lives. I care deeply about the effects that public policy and legislation can have on both those of us who provide perinatal care and on our patients.

My personal conscience directs me to provide the best of care to pregnant women and their unborn children and I am able to do so without performing abortions, as are several of my colleagues and a proportion of the residents we train each year. I have not seen a situation where an emergent or even urgent abortion was needed to prevent a maternal death. I am aware of, and have read, sections 2(a)(6) and 2 (a)(7) of H.R. 358 and I am writing to provide my opinion that I support the formalization of these protections. No woman at UNC hospitals has ever been denied care due to her conscience or beliefs; nor does any physician ever feel obliged to direct or change the standard of care for any woman due to race, ethnicity, religion, or conscience. I see no need for any exceptions or amendments to the law as written.

I am available for question or comment or for further discussion on this matter. You may reach me at thorp@med.unc.edu or by calling my office (919) 843–7851.

Sincerely,

JOHN THORP, MD
Hugh McAllister Distinguished Professor of Obstetrics and Gynecology, Professor, Maternal & Child Health, School of Public Health, Director, Women's Primary Healthcare.

VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM,
Richmond, VA, October 12, 2011.

Hon. JOE PITTS,
Hon. DAN LIPINSKI,
Hon. ERIC CANTOR.

DEAR REPS. PITTS, LIPINSKI AND CANTOR: I understand that the House of Representatives may soon consider HR 358, the Protect Life Act. As a physician I am especially interested in this bill's section reaffirming federal protection for health care providers' conscience rights on abortion. I have heard there may be an effort in the House to insert an exception into this law, so governmental bodies can discriminate against providers who decline to provide abortions in ''emergency'' cases.

As a physician who has worked in emergency rooms for over 30 years, I am well versed in the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and similar policies. I continue to practice emergency medicine, and to teach it at Virginia Commonwealth University. Based on these decades of experience, I see absolutely no merit in the claim that conscience laws on abortion pose any risk of allowing pregnant women to die in emergency rooms. Current federal laws as well as Virginia state law respect conscientious objection to abortion in all circumstances; and I have never seen or heard of a case in which these laws created any conflict with women's safety or with legal obligations to stabilize patients' conditions in emergencies.

Your provision on conscience protection is warranted and I do not think it should be weakened in any way.

Sincerely,

EDWARD J. READ, Jr., MD, FACEP,
Attending Physician, Emergency Medicine, Hunter Holmes McGuire VA Medical Center Assistant Professor, Department of Emergency Medicine, Virginia Commonwealth University, Richmond, Virginia.

UNIVERSITY OF MINNESOTA, SCHOOL OF PUBLIC HEALTH,
Minneapolis, MN, October 13, 2011.

Representatives JOE PITTS and DAN LIPINSKI,
House of Representatives,
Washington DC.

DEAR REPRESENTATIVES PITTS AND LIPINSKI: I am a board certified specialist in Obstetrics/Gynecology and Maternal/Fetal Medicine with 31 years of experience in practice, teaching and research. During that time I have cared for hundreds of women and babies with life-threatening, complicated, and rare pregnancy conditions. In some of those situations mothers and babies have lost their lives despite undergoing the best available treatment including induced delivery at the margins of viability. I care deeply about the effects that public policy and legislation can have on the care of mothers and babies.

During my years of practice I have worked under informal and formal conscience rights protections that permit me to provide the best pregnancy care without being forced to perform abortions. I have read Sections 2 (a)(6) and 2 (a)(7) or H.R. 358 and I agree with the federal formalization of these protections. In my years of practice I have never seen a woman denied appropriate care because of the exercise of rights of conscience in this regard. There is no need for additional exceptions or amendments to this law as it is written.

I am happy to discuss this with either of you or with one of your colleagues. I can be reached by email at calvis@umn.edu or on my cell phone at 612–868–9199.

Sincerely,

STEVE CALVIN, MD,
Clinical Associate Professor of Obstetrics/Gynecology and Women's Health, Co-chair Program in Human Rights and Health, University of Minnesota, Minneapolis, MN.

Ms. HIRONO. Madam Speaker, I rise today in opposition to H.R. 358, a bill restricting women's access to reproductive health services.

It's odd to me that we are choosing to take up this bill now, when just last week, we saw that our country only created 103,000 jobs.

This is not what people in Hawaii or our nation want us working on.

Debating divisive social issues isn't going to create one single job.

Instead, this bill puts a fundamental freedom—our right to choose—under direct attack.

Those supporting this bill say it's necessary to prevent federal funding for abortion. They're wrong.

Longstanding federal policy prohibits federal funding of abortion, a provision preserved in The Affordable Care Act. President Obama even issued an executive order reaffirming this prohibition in March 2010.

So what's the real reason behind this bill?

The real reason is to make abortion as unavailable as possible because making abortion illegal is still not possible under Roe v. Wade. This is yet another bill taking a shot at restricting women's access to reproductive health services.

It starts with restricting how women purchase private health insurance with their own money.

The practical result of this bill would be to restrict, for the first time, how women with private insurance can spend their own private dollars in purchasing health insurance.

It says that women who receive a federal subsidy to make coverage affordable in the health insurance exchanges would be unable to purchase a comprehensive health plan.

These women could not even use their own money to pay for the portion of the plan providing abortion coverage. These aren't federal dollars going to purchase that coverage—these are the women's own dollars.

So what happens? It's the ripple effect.

Since many women would be prevented from purchasing insurance with abortion coverage in the exchange, the insurers will probably stop offering it.

Then, no woman will be able to buy health insurance in the exchange with abortion coverage.

And their access to a legal medical procedure just got a lot smaller.

Let's be clear: The goal of this bill is not to maintain the status quo.

Rather, its true goal is to make abortion as unavailable as possible.

For these reasons, it should be rejected.

Ms. McCOLLUM. Madam Speaker, I rise today in strong opposition to H.R. 358 and the on-going Republican war against women's health in America. This bill continues Congressional Republicans' extreme social agenda that jeopardizes women's health care.

This Congress has already debated similar legislation to prevent women from accessing their legal health care. H.R. 358 does nothing to create jobs, reduce our federal deficits, or make America safer. Instead, this legislation furthers a divisive agenda to impose unprecedented restrictions on a woman's ability to access and purchase health care for a legal medical procedure.

Contrary to what my colleagues have said today, H.R. 358 is not needed to ensure federal funding does not pay for abortions. Current federal law, including provisions included in the Affordable Care Act, already prohibits federal money from being used to pay for abortion services, except in the cases of rape, incest, or to save the life of the mother. Instead this bill is another attempt by the Republican majority to legislatively intimidate women with respect to their constitutional right to abortion services.

The unprecedented restrictions included in this bill would effectively end coverage of abortion-related services. Beginning in 2014, women and their families receiving federal subsidies would be prohibited from purchasing a health plan that includes abortion coverage within the Health Exchanges. This provision would leave millions of women without affordable health care options that meet all their health care needs.

Even more concerning is that this bill could jeopardize a woman's ability to receive emergency medical care as required under Emergency Medicare Treatment and Active Labor Act (EMTALA; P.L. 99–272). This bill could allow a hospital to deny a woman abortion-care even when this legal medical procedure would save her life. H.R. 358 does not protect life; rather it endangers the lives of American women.

Instead of this radical agenda, we should be focusing on policies that will improve the lives of women and girls, put Americans back to work, and advance our nation's economy. I encourage my colleagues to vote against this bill and keep safe, comprehensive reproductive care accessible to all Americans.

Ms. MATSUI. Madam Speaker, I rise today to voice my strong opposition to the bill before us today.

This bill would impose crippling restrictions on a woman's ability to seek abortion services—services that are legal in this country and upheld by the Supreme Court.

The so-called ''Protect Life Act'' would effectively ban private insurance companies from offering abortion services.

I was shocked to learn that under this bill, a woman's life could be in danger in the event she needs emergency care—even if the emergency circumstances require an abortion—and that procedure is recommended by a doctor. This change in the current law would amount to an extreme and regressive policy.

Unfortunately, the bill before us is part of a larger attack on women's health, specifically on programs like Title X and organizations like Planned Parenthood.

Madam Speaker, let me tell you why it is so important that we maintain women's access to the full range of legal health care options.

Recently, I heard from Cathy, who has been a health educator for the past 13 years.

Cathy explained to me how the House Republican attacks on women's health would, ''Cut millions of American women off from birth control, cancer screenings, HIV tests, and other lifesaving care;'' that without the information and preventative services that these programs provide we are, ''Bound to accrue more expenses in reactive versus pro-active measures.''

These outrageous attacks would have a devastating impact on the women, men, and teens in our community.

At a time when we, as Members of Congress, should be debating and passing job legislation, we are instead debating whether or not to roll-back a woman's access to legal health services.

I urge my colleagues to reject this harmful bill.

Ms. BORDALLO. Madam Speaker, I rise today in support of H.R. 358, a resolution which seeks to enhance current law to modify special rules relating to abortion services and provides protections for those who object to abortion. As a staunch supporter of pro-life principles, I strongly urge this House to pass H.R. 358 the Protect Life Act.

It is important for Congress to remember that our work in pursuing healthcare reform is to move our society toward accessible medical coverage across the nation, especially for the poor and marginalized. H.R. 358 builds off these tenets and enhances the compromise language that was developed by former Congressman Bart Stupak of Michigan, and other pro-life members of Congress, to restrict federal funds from being used for abortion coverage under the health reform Act passed in the last Congress. Although the Stupak language upheld the key tenets of the Hyde Amendment, H.R. 358 provides further clarification on that matter. The Protect Life Act provides clearer conscience protection for institutions and individual health care providers.

I commend the gentlemen from Pennsylvania, Mr. JOE PITTS, for his work on this bill and for his persistence in seeing this through our legislative process. I urge members of the House of Representatives to vote yes on H.R. 358 and to continue to work toward a society that upholds the total respect of the human person and the commitment to the right to life.

Mr. VAN HOLLEN. Madam Speaker, I rise in strong opposition to H.R. 358, the misleadingly titled the ''Protect Life Act''.

Let me be clear. The Affordable Care Act already prohibits the use of federal funds to pay for abortions, except in cases of rape, incest, or where the woman's life is endangered. We included extensive mechanisms to ensure that no federal subsidies in the health insurance exchanges would go to pay for abortions.

The bill on the Floor today takes the unprecedented step of preventing a woman from using her own private funds to purchase a full, comprehensive health care plan through the exchanges established in the Affordable Care Act. That is simply another way of denying a woman the right to choose.

I urge House Republicans to stop playing ideological games and to pursue an agenda to help create jobs, strengthen the economy, and move our country forward.

Ms. SCHAKOWSKY. Madam Speaker, I rise in opposition to H.R. 358, the Protect Life Act.

The American people want us to work together to create jobs to bolster the economy. Instead, we are here, once again, to consider legislation that endangers and attacks the right of women and is far out of the mainstream of American priorities.

H.R. 358 is extreme legislation. It is another attempt to unravel the health care law while at the same time expanding anti-choice laws that will harm women's health.

This legislation revives a debate that has already been settled—there is no federal funding for abortion in the health care reform law. Legal experts have said it. Independent fact check organizations have said it. Yet, Republicans continue to insist that the possibility of funding remains.

Federal funds are already prohibited from being used for abortions under the Hyde Amendment—at the expense of poor women, federal employees, women in the District of Columbia and women in the military. But this bill goes way beyond that law.

It would take away a woman's right to make her own decisions about her reproductive health—even with her own money.

It could expand the existing conscience objection to avoid providing contraception.

And, it would allow public hospitals to deny emergency abortion care to women in life-threatening situations.

H.R. 358 undermines the guarantee of emergency care under the Emergency Medical

Treatment and Active Labor Act (EMTALA). EMTALA creates a legal safety net that guarantees that anyone in need of emergency health care, including those unable to pay for health care, cannot be denied such care at hospitals.

H.R. 358 would strip EMTALA of its power to ensure that women receive abortion care in emergency situations at hospitals by making their right to health care secondary to the hospital's ability to refuse to provide abortion care.

Abortion care is necessary in some circumstances to save a woman's life. During the hearing on H.R. 358 in the Energy and Commerce Committee, some witnesses wrongly claimed that this was not the case.

In response to those claims, Dr. Cassing Hammond, Director of Northwestern University's Center for Family Planning and Contraception as well as its academic Section of Family Planning, wrote a letter to the Committee to set the record straight. Dr. Hammond has twenty years of experience in obstetric and complex abortion care.

In his letter, Dr. Hammond states:

Most patients are healthy women having healthy babies, but I am frequently asked to provide abortions for women confronting severely troubled pregnancies or their own life endangering health issues. Physicians who provide health care to women cannot choose to ignore the more tragic consequences of human pregnancy—and neither should Congress.

Dr. Hammond then proceeds to give several examples from his own experience of women who required abortion care in life-saving circumstances. The following examples illustrate just a few of those instances:

One of my own obstetric patients carrying a desired pregnancy recently experienced rupture of the amniotic sac at 20 weeks gestation. The patient had a complete placenta previa, a condition where the afterbirth covers the opening of the uterus. Although the patient hoped the pregnancy might continue, she began contracting and suddenly hemorrhaged, losing nearly a liter of blood into her bed in a single gush. Had we not quickly intervened to terminate the pregnancy, she would have bled to death, just as women do in countries with limited access to obstetric services.

My service often receives consults regarding patients with serious medical issues complicating pregnancy. We recently had a 44–year-old patient whose pregnancy had been complicated by a variety of non-specific symptoms. A CT scan obtained at 23 weeks gestation revealed that the patient had lung cancer that had metastasized to her brain, liver, and other organs. Her family confronted the difficult choice of terminating a desired pregnancy or continuing the pregnancy knowing that the physiological burden of pregnancy and cancer might worsen her already poor prognosis. The family chose to proceed with the pregnancy termination.

My service frequently sees patients with early pre-eclampsia, often referred to by the term ''toxemia.'' Pre-eclampsia usually complicates later gestation, but occasionally complicates pregnancy as early as 18 to 20 weeks, well before the fetus is viable. The only treatment for severe pre-eclampsia is delivery. Otherwise, the condition will worsen, exposing the mother to kidney failure, liver failure, stroke and death. One Christmas morning I had to leave my own family so that I could provide a pregnancy termination for a remarkably sick, pre-eclamptic teenager.

These are women suffering from the most serious of health conditions. If H.R. 358 were in place, they could be denied the emergency care they need.

The attention Republicans are focusing on the private lives of women—what American family do with their own money—makes it clear that their real goal is to ban all abortions and end access to birth control and contraceptives.

Republicans don't want government to protect the water we drink, the air we breathe, or the food we eat—but they do want to intrude in a women's right to choose.

We are now at 280 days in this Congress without passing a jobs plan—yet the Republican majority has consistently managed to pass extreme and divisive legislation targeted at women's health.

The Administration strongly opposes H.R. 358, and this bill has no chance of becoming law.

We are running out of legislative days left before the end of the year. When is the Republican majority going to focus on jobs and the economy?

Now is the time to work on the issues that are most important to Americans—creating jobs and improving the economy—rather than restricting reproductive choice and access to family planning.

This legislation is an extreme and mean-spirited way to roll back women's health and rights. It is too extreme for women, too extreme for America, and we must reject it.

Mr. BACHUS. Madam Speaker, never in my life will I forget the Sunday afternoon when this House, under the previous majority, passed a health care law that permitted taxpayer funding of abortions.

It remains as inconceivable to me now, as it was then, that the very first act by our government on an innocent and defenseless life could be to end it. We all remember the assurances we heard that the bill would respect the Hyde Amendment, which has enjoyed bipartisan support in this House for decades. Many of us knew better.

The ink had barely dried on the legislation before instances came up of taxpayer money potentially being used, in one form or another, for abortion services. This House needs to state without equivocation that the Hyde Amendment fully applies to the new health care law, for however long the act may continue to be in effect. There should be no possible wiggle room for abortion providers like Planned Parenthood.

The law also put health care providers and hospitals in the unconscionable dilemma of having to perform abortions against their own beliefs and principles. The government should not have the power to do that. This bill protects the exercise of individual conscience.

In my view, the health care law—Obamacare, as many of us call it—is so flawed that the best approach is to repeal it altogether, but we will not get that with this President. Until that day, we must stand in support of life and innocent babies and we can do that by passing The Protect Life Act.

Ms. ZOE LOFGREN of California. The American people want us to work together to address their top priority: creating jobs. We're now 280 days into this Congress, and we haven't passed a jobs plan.

With only 22 legislative days left this Congress, instead of addressing jobs, Republicans are continuing to propose legislation targeting women's health.

This bill disregards the compromise on abortion reached during last year's debate on the Affordable Care Act (ACA). The ACA is consistent with long-standing federal law by prohibiting the use of federal funds to pay for abortions (except in cases of rape or incest, or when the life of the woman would be endangered). The Act requires two separate premium payments for women and families receiving federal subsidies that choose health plans that include abortion coverage. The language is clear—no portion of federal subsidies may be used to pay for the portion of coverage that is purchased in state exchanges that relates to abortions. While I don't agree with the ban on federal funding, Members decided last year to call a truce and preserve the status quo. This bill would go further.

This bill restricts how women with private insurance can spend their own private dollars in purchasing health insurance. The Protect Life Act would prohibit all individuals who receive federal subsidies from purchasing a plan that includes abortion coverage (even if they are using their own private dollars to purchase the portion of coverage relating to abortions), and would also prohibit insurance plans from offering abortion services if they accept even one individual who receives a subsidy. Health care plans will likely be deterred from covering abortion, and since most insurance plans currently cover abortion, the Protect Life Act would result in millions of women losing the coverage they currently have.

I urge my colleagues to oppose the Republican assault on women's health and to oppose the Protect Life Act.

Mr. FARR. Madam Speaker, I rise in strong opposition to H.R. 358, the Protect Life Act. This legislation intrudes on women's reproductive freedom and access to health care and unnecessarily restricts the private insurance choices that women and their families have today. Proponents say that it would simply ban federal funding of abortion. However, as we all know, current law prohibits federal funding of abortion.

The American people want us to work together to address their top priority: creating jobs. We are now at 280 days in this Congress without passing a jobs plan. Yet the Republican Majority continues to bring legislation to the floor that restricts women's reproductive health care.

H.R. 358 is another attempt by the Majority to pass an anti-abortion policy that already failed during the health care reform debate.

Current law allows policy holders to buy abortion coverage by making separate payments, but H.R. 358 would prohibit any insurance plan from offering abortion coverage if they have even one enrollee that receives federal subsidies. Thus, it effectively forces plans to choose between not offering abortion care to the entire population of a state and offering a plan to only a small number of enrollees—which choice makes more economic sense? What do you think insurance companies will choose?

H.R. 358 also supersedes current law by expanding the current definition of health care providers to include any employee of a health care entity that provides abortion services, whether they actually provide patient care or not. Make no mistake: these newly designated health care entities can refuse to provide or refer a woman for abortion care, even when a woman's life is in critical danger.

Madam Speaker, H.R. 358 makes it clear to the American people that the Republican Majority is much more interested in dismantling

health reform and playing politics with divisive social issues than creating jobs and fixing our broken economy.

Ms. ESHOO. Madam Speaker, I rise in opposition to H.R. 358, the Protect Life Act.

We've worked so hard over the last few decades to advance women's health and the Protect Life Act just steamrolls right over that progress.

This bill would bar anyone getting federal health subsidies from purchasing private insurance policies that include abortion coverage. This makes it unlikely that ANY health plan would cover abortion, alienating all American women from truly comprehensive health plans.

It allows hospitals to refuse to provide life-saving abortions to women who face imminent threat of death.

And it gives states the ability to attack coverage of non-abortion related services, such as contraception.

I support a woman's legal right to opt for, or against, an abortion. The decision is private. It's a matter of faith and it's a matter of conscience, and our Constitution recognizes this.

The Protect Life Act is a shameful attempt to impose a radical political agenda on women. It strips away their individual liberties and puts their health at serious risk. This bill is wrong, this bill is dangerous, and this House should reject it.

Mrs. CHRISTENSEN. Madam Speaker, today I rise in strong opposition to H.R. 358: a bill that is completely unnecessary; a bill that denies women the freedom of choice; a bill that re-opens an abortion debate that was settled in 2010; and a bill that will have a detrimental impact on the health and health care of women across the United States and in the U.S. Territories.

Contrary to the very false claims of my colleagues on the other side of the aisle, not only is the Hyde Amendment fully in effect and fully enforced, but the Affordable Care Act includes several strong provisions that explicitly prohibit the use of U.S. taxpayer dollars to fund abortions. In fact, those provisions were endorsed by the Catholic Health Association. Additionally, there have been numerous audits—including by the Government Accounting Office and the Inspector General—as well as congressional hearings, they all concluded that the law is being followed.

The sad irony here is that this bill is named the ''Protect Life Act.'' However, despite its name, this bill does very little to protect and improve the lives of women. What this bill would do, however, is to restrict—for the first time in history—how millions of women with private health insurance can spend their own private health insurance dollars. It also will undermine the success we achieved in expanding access to affordable, quality health care for women because it will force health plans participating in the health insurance Exchanges—which will begin in 2014 and which are expected to lift tens of millions of Americans out of the ranks of the uninsured—to drop comprehensive coverage. And, if those aspects of this bill are not bad enough, consider this: H.R. 358 also eliminates the existing protections for women who seek abortion care in emergency circumstances and in situations that would literally save the woman's life. How, I must ask, does such a provision protect a woman's life?

Today, millions of Americans are suffering the consequences of very real hardships—so many of which sometimes seem insurmountable. In times like these, we should be working together to create jobs by passing the American Jobs Act and we should be working together to move this nation forward building upon—and not trying to dismantle—the many successes we achieved with the historical health reform law. The problems we are facing today are very serious and require serious people to develop serious solutions instead of pursuing an ideological agenda that divides the nation. As a physician, I fully support legislation that would actually protect and improve lives, not only in title, but in reality. This bill, however, is not such a bill. I, therefore, strongly oppose H.R. 358 and urge my colleagues to do the same.

Ms. LINDA T. SÁNCHEZ of California. Madam Speaker, today I rise in strong opposition to H.R. 358, the Protect Life Act. Instead of focusing on creating jobs, the House majority has decided instead to continue their relentless assault on women's rights and limit access to fair and adequate health care.

Despite its name, this bill is not about protecting life. In fact, it is far from it. One provision in this bill would put women's lives in danger by allowing hospitals to refuse to provide life-saving abortion care even when a woman's life is in critical danger.

This bill would also allow states to ostensibly deny critical non-abortion services to women. The Protect Life Act has the potential to undermine laws guaranteeing health care services well beyond those in the reproductive-health area. This could result in the denial of mental health care, HIV counseling, and other vital services.

Current law is clear: Federal funding of abortion is forbidden except under very limited circumstances. This bill would impose unprecedented limitations on abortion coverage and restrict access to abortion services and contraceptives for all women. I urge my colleagues to reject this dangerous assault on women and I urge the majority to work on legislation that will put Americans back to work.

Mr. TOWNS. Madam Speaker, I rise in strong opposition to the underlying bill. At a time when Americans' top priority is job creation—when Americans are desperately calling on us to work together to turn our economy around—some are instead launching the most comprehensive and radical assault on women's health in our lifetime. This shameful attack on women's ability to obtain complete health information and services does a disservice to women, families, and all Americans.

To begin with, according to the stated purpose of the bill, which is to prevent federal funds from being used to cover abortion services, the bill is already gratuitous. Recent legal challenges to the Affordable Care Act have revealed that it contains ''strict safeguards at multiple levels to prevent federal funds from being used to pay for abortion services beyond those in the case of rape or incest or where the life of the woman is endangered,'' rendering this legislation unnecessary. This type of extreme and redundant legislation will prove insightful to jobless Americans wondering why they have yet to see meaningful economic turnaround.

H.R. 358 would effectively prevent women from obtaining private insurance coverage for abortion services. By banning coverage of abortion in health exchanges, the bill will ensure that no one will be able to purchase abortion coverage—including women who do not receive federal assistance. The bookkeeping burden that would be required for insurers to offer separate policies, with and without abortion coverage, is simply too high. Insurance providers are surely not interested in providing both, when most women cannot afford to pay for the abortion coverage option out-of-pocket anyway. Proponents of the legislation suggest that insurance companies could simply offer an ''abortion rider.'' Women would have to plan for an unplanned pregnancy by purchasing supplemental insurance. This is unlikely, considering that most cannot afford to purchase even a single insurance policy. Furthermore, history has shown that insurers are reluctant to offer ''riders'' even when given the option to do so. As health exchanges grow as they are expected to, these restrictions will only affect more and more women looking for affordable and adequate health insurance.

Furthermore, the bill seeks to dramatically expand dangerous refusal provisions which contradict prevailing standards of care. Such expansion ignores the basic tenant of ethical health care, which requires that patients be presented with all of their medical options when making health care decisions. This bill would allow professionals with only a tangential connection to abortion services, such as a hospital receptionists or claims adjusters at insurance companies, to obstruct the medical process due to their beliefs. This would effectively tip the balance against patients seeking effective and comprehensive health care.

The 'non-discrimination' provision in fact discriminates against abortion providers, as it provides no protection for their beliefs. A one-sided non-discrimination provision is not non-discriminatory at all. We cannot allow this expansion, which would create a culture of refusal where anyone could obstruct access to abortion services for any reason.

Most disturbingly, a late addition to the Pitts bill would allow the expansive refusal provision to trump important patient protections guaranteed by the Emergency Medical Treatment and Active Labor Act, as well as similar protections in state laws requiring emergency care providers to save a woman's life. This would be an unprecedented expansion of the right to refusal. We simply cannot allow for the possibility that a pregnant woman suffering from a medical emergency would see her right to medical care overridden by health professionals' moral views, which do not always place her health and safety first. Unfortunately, we have already seen what happens when professionals place their views over the health of the patient. In one case several months ago, a woman almost died over an unviable fetus as medical professionals exercised their right of refusal and waited for the fetus to die, delaying treatment for the mother. We cannot allow women to unwittingly seek emergency treatment at medical facilities that do not value their safety first. We cannot override existing EMTALA patient protections.

Finally, language in the Pitts bill extends far beyond abortion, and could allow insurers to refuse to provide other vital health services that are part of the minimum standards for health coverage set by the Affordable Care Act. This bill would open the door to refusal of effective reproductive services concerning contraception and infertility, for example. As we look to preventative services to avoid more

expensive future treatments, this bill could prevent access to screening for sexually transmitted diseases and cervical cancer. At a time when many Americans are struggling to make ends meet, put food on the table, and pay their mortgages, it is unfathomable that we could consider restricting access to these essential, safe, and effective health services.

To reiterate, the Affordable Care Act contains ample protection against federal funding for abortion. The Pitts bill, in addition to being discriminatory, would create undue hardship on women and families as they attempt to make private health care decisions. It is dangerous to the health of pregnant women, and all women. At a time of staggering unemployment and economic hardship, this bill, unnecessary and unfair as it is, is not the kind of leadership Americans are looking for from Congress. To vote Yes on this bill is to roll back the strides we have been making toward equitable and effective health care for all Americans, and that is unacceptable.

I urge my colleagues on both sides of the aisle to vote No on this Bill.

Mr. TERRY. Madam Speaker, today, I rise in support of H.R. 358, The Protect Life Act. This bill would amend the Patient Protection and Affordable Care Act (PPACA) to prevent federal funding for abortion or abortion coverage through any program authorized by the health care law.

Nebraskans feel strongly—federal dollars should never be used to pay for abortion coverage. Unfortunately, last year's misguided health care law contains loopholes and ambiguities, which opens the door to allow taxpayer subsidies for coverage that includes abortion. This bill also protects the right of conscience for health care professionals by ensuring private insurance companies are not mandated to cover abortion. This bill does allow for some exemptions, including if the pregnancy is the result of rape or incest, or if the life of the mother is endangered.

This bill specifically targets the abortion funding scheme created in PPACA. I have always been an ardent supporter of the unborn, and today's vote is a step towards protecting those that cannot protect themselves.

Mr. KILDEE. Madam Speaker, I rise today in opposition to H.R. 358. As a staunch pro-life member of Congress, I have always supported the Hyde Amendment. During the health care reform debate, I made it very clear on the House floor and reassured my pro-life colleagues that the Hyde Amendment was included in the Affordable Care Act. It has been the law since 1976 and it is still the law now. Not only is the Hyde Amendment included in the Affordable Care Act, but the President signed an executive order reinforcing that federal funding cannot be used for abortions. We cannot let people imply or infer that the Hyde Amendment is not already part of the Affordable Care Act. A vote in support of H.R. 358 would be an admission that the Hyde Amendment was not included in the Affordable Care Act.

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

Pursuant to House Resolution 430, the previous question is ordered on the bill, as amended.

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

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

□ 1840

MOTION TO RECOMMIT

Mrs. CAPPS. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Mrs. CAPPS. I am.

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

The Clerk read as follows:

Mrs. Capps moves to recommit the bill H.R. 358 to the Committee on Energy and Commerce with instructions to report the same to the House forthwith with the following amendment:

In section 2(a)(7), in the amendment instruction adding the new subsection (g), strike ''subsection'' and insert ''subsections''.

Insert after the subsection (g) of section 1303 of the Patient Protection and Affordable Care Act, as proposed to be added by section 2(a)(7), the following:

''(h) PROTECTING THE LIFE OF THE MOTHER IN A MEDICAL EMERGENCY.—Nothing in this Act shall be construed to exempt any hospital or health care provider from Federal or State laws that require such hospital or provider to provide medical examination, treatment, referral, or transfer to prevent the death of a pregnant woman with an emergency medical condition.''.

The SPEAKER pro tempore. The gentlewoman from California is recognized for 5 minutes.

Mrs. CAPPS. Madam Speaker, as the debate today has shown, this Chamber is deeply divided over this bill. But we should all be able to agree that when a pregnant woman is in a medical emergency, we must do all we can to save her, and that is what this final amendment affirms.

I want to be clear: The passage of this amendment will not prevent the passage of the underlying bill. If it's adopted, my amendment will be incorporated into the bill and the bill will immediately be voted upon.

Madam Speaker, the underlying bill creates a loophole which would allow hospitals to circumvent the Emergency Medical Treatment and Active Labor Act, a law that has saved many lives. The law, called EMTALA for short, was established to ensure that when a patient arrives at a hospital in critical condition, particularly women in labor, the patient will at least be stabilized. It is truly the embodiment of the Hippocratic Oath to ''apply, for the benefit of the sick, all measures that are required.''

EMTALA has been law for over 25 years—and it works. However, the bill before us today could lead to a radical and uncalled for loophole to this law. It would allow providers to refuse emergency care for women even if their lives are endangered by their pregnancy. The hospitals could even refuse to give a referral.

I'm a nurse who's worked long shifts in the hospital setting, and I find it immoral to deny care to a woman with a life-threatening condition just because she's pregnant. This loophole is wrong, it's extreme, and it's cruel.

Unfortunately, there are some tragic complications that can occur during pregnancy for which a therapeutic abortion is necessary to save the life of a pregnant woman. I'm speaking about conditions like severe preeclampsia, where a pregnant woman's rapid rise in blood pressure can lead to seizure, stroke, multiple organ failure, and her death; or pulmonary hypertension, a condition that the American College of Cardiology guidelines explicitly states necessitates the termination of a pregnancy to avoid maternal death.

If you've never heard of these conditions, it might be easy to think they're not significant. But to the women whose lives are saved by these emergency abortion services—oftentimes mothers who very much want this pregnancy to be successful—this issue is more than politics. It's literally life or death. What if your wife or your daughter was rushed to the hospital, pregnant, with severe bleeding. You don't research or compare the policies of your local hospitals. You go to the one that's closest—the one you trust will save your loved one. But when the diagnosis is made and an emergency abortion is necessary to save her life, what would you do if that hospital refused to perform it to stabilize her or even provide a referral for her care elsewhere? Thanks to the protections provided by EMTALA, this cannot happen today. But if this bill before us becomes law without my amendment, it very well could.

Madam Speaker, my amendment is not just a debate between two sides of the abortion issue. It is about saving women's lives in the middle of very traumatic times for them and their families.

I would like to bring to your attention a letter sent to Chairman PITTS from the Catholic Health Association. CHA is clear in its religious affiliation and its opposition to abortion. So perhaps because of this perspective, CHA says this best. ''CHA member hospitals have been providing compassionate, quality care under both EMTALA and the Weldon amendment without conflict since the enactment of these provisions. Accordingly, the Catholic Health Association does not believe that there's a need for the provider nondiscrimination section to apply to EMTALA.''

CHA's statement is clear: EMTALA's treatment requirement and the current provider conscience laws work together hand in hand. There is no need for an unprecedented carveout or exception that would endanger women's lives.

As a nurse, I respect the conscience clause language a great deal. But I cannot ever imagine a situation where morally, ethically, and legally a medical professional could be allowed to stand by and let someone needlessly die. No pregnant woman or her family should be afraid that she would be denied the care she needs when she goes to a hospital in an emergency. We need to make sure that doesn't happen.

Today we have the opportunity to fix a problem created with this legislation

before tragedy strikes. So I urge you to protect women's lives and support this final amendment to this bill.

CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES,
Washington, DC, February 9, 2011.

Hon. JOSEPH R. PITTS,
Chairman, House Energy and Commerce Subcommittee on Health, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Catholic Health Association of the United States (CHA) would like to express our continued support for the intent of your legislation, H.R. 358, the Protect Life Act, to further ensure protection of the unborn and of providers' conscience rights.

We have had the opportunity to review your revised version of H.R. 358 and would like to share our concern regarding one specific modification to your legislation. Section 1303(f) regarding emergency services laws, including Emergency Medical Treatment and Active Labor Act (EMTALA), now includes a reference to a new provision regarding provider nondiscrimination (Section 1303(g)). Your provider nondiscrimination language is similar to the conscience protections of the Weldon Amendment. CHA member hospitals have been providing compassionate, quality care under both EMTALA and the ''Weldon Amendment,'' without conflict since the enactment of these provisions. Accordingly, CHA does not believe that there is a need for the provider nondiscrimination section to apply to EMTALA.

As the national leadership organization of more than 2,000 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations, the Catholic health ministry provides care throughout the nation to patients of all ages, races and religious beliefs. Catholic hospitals provide a higher percentage of public health and specialty services than other health care providers including state and local government, other not-for-profit, or investor-owned (for-profit) hospitals. These services include neonatal ICU, obstetrics, breast cancer screening and mammograms, children's wellness, child and adolescent psychiatric services, community outreach, dental services, crisis prevention, palliative care, pain management programs, nutrition programs, hospice, HIV/AIDS services, geriatric services, alcohol and drug abuse treatment, and trauma care. Many of these services are critical to our communities and we continue to provide them even though many of these services are not self-sustaining and must be subsidized by other hospital revenue.

Building upon our country's tradition of pluralism and the freedom to exercise our beliefs, CHA has long supported language within appropriations legislation to prohibit federal funding of abortions (Hyde amendment) and language to protect hospitals and other institutional and individual health care providers should they decline to provide, pay for, or refer for abortions (Weldon Amendment).

Again, while we continue to believe the current provisions of the Affordable Care Act (ACA) prevent federal funding of abortion, we support your efforts to further ensure permanent protection of the unborn and of provider's conscience rights and look forward to working with you.

Sincerely,

SR. CAROL KEEHAN, DC,
President and CEO.

I yield back the balance of my time.

Mr. PITTS. Madam Speaker, I claim time in opposition to the motion.

The SPEAKER pro tempore. The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Madam Speaker, a vast majority of Americans, regardless of whether they support or oppose abortion being legal, believe that the Federal Government should not be subsidizing abortions. Some on the other side are bringing up a red herring in an attempt to continue to allow Federal funding of abortion.

To dispel the myths being disseminated by opponents of H.R. 358, every Member should understand that this bill would not change the Hyde amendment, the EMTALA statute, or the standard of care required of providers under the EMTALA law. Section 1867(e) of the Social Security Act, commonly known as EMTALA, calls on emergency personnel to respond to distress on the part of a pregnant woman or her unborn child by stabilizing the condition of both mother and the unborn child.

It is ironic that opponents of H.R. 358 claim it will establish an objectionable standard of care when that balanced standard has long been recognized under EMTALA.

My colleagues, the question before us today is simple: If you favor federally funded abortion coverage, then you should support the motion to recommit and oppose the bill. If you believe, like a majority of Americans, that the Federal Government should not be subsidizing abortion, then you should oppose the motion to recommit and support H.R. 358.

Vote ''no'' on the motion to recommit. Vote ''yes'' on this critical legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

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

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

Mrs. CAPPS. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—yeas 173, nays 249, not voting 11, as follows:

[Roll No. 788]

YEAS—173

Ackerman
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Brady (PA)
Braley (IA)
Brown (FL)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Courtney
Crowley
Cummings
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Filner
Fudge
Garamendi
Green, Al
Green, Gene
Grijalva
Gutierrez
Hahn
Hanabusa
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hochul
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kissell
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maloney
Markey
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters
Pingree (ME)
Price (NC)
Quigley
Rangel
Richardson
Richmond
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Sires
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Welch
Woolsey
Yarmuth

NAYS—249

Adams
Aderholt
Akin
Alexander
Altmire
Amash
Amodei
Austria
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Biggert
Bilbray
Bilirakis
Bishop (UT)
Black
Blackburn
Bonner
Bono Mack
Boren
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Campbell
Canseco
Cantor
Capito
Cassidy
Chabot
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Costello
Cravaack
Crawford
Crenshaw
Critz
Cuellar
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Holden
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
Lipinski
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marino
McCarthy (CA)
McCaul
McClintock
McCotter

McHenry
McIntyre
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Pence
Peterson
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Rahall
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner (NY)
Turner (OH)
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOT VOTING—11

Bachmann
Camp
Carter
Frank (MA)
Giffords
Gonzalez
Paul
Polis
Reyes
Slaughter
Wilson (FL)

□ 1913

Messrs. PETERSON and CASSIDY changed their vote from ''yea'' to ''nay.''

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

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

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

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

RECORDED VOTE

Mr. CONNOLLY of Virginia. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 251, noes 172, not voting 10, as follows:

[Roll No. 789]

AYES—251

Adams
Aderholt
Akin
Alexander
Altmire
Amash
Amodei
Austria
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishek
Berg
Bilbray
Bilirakis
Bishop (GA)
Bishop (UT)
Black
Blackburn
Bonner
Bono Mack
Boren
Boustany
Brady (TX)
Brooks
Broun (GA)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Campbell
Canseco
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Costello
Cravaack
Crawford
Crenshaw
Critz
Cuellar
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Donnelly (IN)
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Emerson
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Hensarling
Herger
Herrera Beutler
Holden
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
Lipinski
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marino
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McKinley
McMorris Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Pence
Peterson
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Rahall
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner (NY)
Turner (OH)
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOES—172

Ackerman
Andrews
Baca
Baldwin
Barrow
Bass (CA)
Becerra
Berkley
Berman
Biggert
Bishop (NY)
Blumenauer
Boswell
Brady (PA)
Braley (IA)
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Courtney
Crowley
Cummings
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
Deutch
Dicks
Dingell
Doggett
Doyle
Edwards
Ellison
Engel
Eshoo
Farr
Fattah
Filner
Frank (MA)
Fudge
Garamendi
Green, Al
Green, Gene
Grijalva
Gutierrez
Hahn
Hanabusa
Hanna
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hochul
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kildee
Kind
Kissell
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maloney
Markey
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meeks
Michaud
Miller (NC)
Miller, George
Moore
Moran
Murphy (CT)
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters
Pingree (ME)
Price (NC)
Quigley
Rangel
Richardson
Richmond
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell
Sherman
Sires
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Thompson (MS)
Tierney
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Welch
Woolsey
Yarmuth

NOT VOTING—10

Bachmann
Brown (FL)
Camp
Giffords
Gonzalez
Paul
Polis
Reyes
Slaughter
Wilson (FL)

□ 1920

Mr. LANDRY changed his vote from ''no'' to ''aye.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

EPA REGULATORY RELIEF ACT OF 2011

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of the bill (H.R. 2250) to provide additional time for the Administrator of the Environmental Protection Agency to issue achievable standards for industrial, commercial, and institutional boilers, process heaters, and incinerators, and for other purposes, will now resume.

The Clerk read the title of the bill.

MOTION TO RECOMMIT

Ms. CASTOR of Florida. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. CASTOR of Florida. I am opposed.

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

The Clerk read as follows:

Ms. Castor of Florida moves to recommit the bill H.R. 2250 to the Committee on Energy and Commerce with instructions to report the same to the House forthwith with the following amendment:

At the end of the bill, add the following sections:

SEC. 6. PROTECTION OF SENIORS FROM LIFE-THREATENING AIR POLLUTION.

Notwithstanding any other provision of this Act, the Administrator shall not delay actions pursuant to the rule identified in section 2(b)(3) of this Act to reduce air pollution from waste incinerators, as defined pursuant to this Act, where such waste incinerators are within 5 miles of any nursing home, assisted living facility, or hospital.

SEC. 7. NOTIFICATION TO COMMUNITIES.

With respect to each requirement for a major source facility to implement an air pollution control or emissions reduction that