

Alabama's win over my beloved Georgia Bulldogs in the National College Football Playoff Championship last week.

Despite the loss, which came after an unbelievable game, the Georgia Bulldogs played their hearts out, and I am so very proud of our team. It is an honor to represent the great University of Georgia as the Representative from Georgia's 10th District and have the privilege of wearing the red and black of this outstanding institution and incredible team.

Under the leadership of awesome Head Coach Kirby Smart and a special group of young men like Nick Chubb, Sony Michel, and Jake Fromm, the Dawgs won the SEC Championship and had one of the greatest seasons that they have had in years, reaching the national championship for the first time in more than 30 years.

At the end of the day, it was a great game on both sides, and while it pains me to admit it, my friend and colleague Congresswoman TERRI SEWELL represents an outstanding football team. Congratulations to Alabama's Crimson Tide. And true to my word, I will be providing her office and her with barbecue and wearing the Alabama tie after their overtime win.

Congratulations to them for another national championship title, but for us: Go Dawgs. Go Dawgs. Go Dawgs.

MEDIA DESERVE FAKE NEWS AWARDS

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

Mr. SMITH of Texas. Mr. Speaker, yesterday the President highlighted examples of media bias and irresponsible news stories. All Americans should call out purveyors of fake news and point out slanted coverage.

The President is certainly correct in using the term "fake news" to describe the media when they intentionally misrepresent his comments and take them out of context. They intentionally omit relevant facts and only report one side of the story, and they intentionally promote a liberal agenda.

In a democracy, the media have a profound responsibility to give the American people the facts, not tell them what to think.

PROVIDING FOR CONSIDERATION OF H.R. 4712, BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT, AND PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM JANUARY 22, 2018, THROUGH JANUARY 26, 2018

Ms. CHENEY. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 694 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 694

Resolved, That upon adoption of this resolution it shall be in order to consider in the

House the bill (H.R. 4712) to amend title 18, United States Code, to prohibit a health care practitioner from failing to exercise the proper degree of care in the case of a child who survives an abortion or attempted abortion. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary; and (2) one motion to recommit.

SEC. 2. On any legislative day during the period from January 22, 2018, through January 26, 2018—

(a) the Journal of the proceedings of the previous day shall be considered as approved; and

(b) the Chair may at any time declare the House adjourned to meet at a date and time, within the limits of clause 4, section 5, article I of the Constitution, to be announced by the Chair in declaring the adjournment.

SEC. 3. The Speaker may appoint Members to perform the duties of the Chair for the duration of the period addressed by section 2 of this resolution as though under clause 8(a) of rule 1.

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

Ms. CHENEY. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

□ 1230

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise in support of House Resolution 694, which provides a closed rule for consideration of H.R. 4712, the Born-Alive Abortion Survivors Protection Act. This important bill ensures medical care and legal protection for abortion survivors, protects their mothers from prosecution, and holds abortion providers accountable.

Mr. Speaker, this bill is not duplicative as some have suggested. It simply augments current law: the Born-Alive Infants Act and the Partial Birth Abortion Ban Act, which the House passed in 2002 and 2003, respectively, with very strong bipartisan support.

Current law includes, in the Federal definition of a person, infants who are born alive no matter the method of birth or the stage of their development. Current law, Mr. Speaker, also provides criminal penalties for physicians who provide partial-birth abortions.

What current law does not provide, however, is enforceable protection for

those children who are born alive after a failed abortion attempt and denied care, nor does it provide criminal penalties, Mr. Speaker, for those who perform or knowingly ignore these actions.

Mr. Speaker, there are horrific stories of children born alive during abortions and are either gruesomely left for dead or deliberately killed once born. Even more, the abortion industry is fully aware of the risk of a child being born alive during an abortion, especially if the abortion occurs once the child is gestationally 18 to 20 weeks old or more, the age at which we know a child is able to survive if given the proper neonatal care.

Take the story, Mr. Speaker, of Gianna Jessen, an abortion survivor who testified before the House Judiciary Committee in 2015. She said: "Instead of dying, after 18 hours of being burned in my mother's womb, I was delivered alive in an abortion clinic in Los Angeles on April 6, 1977. My medical records state: 'Born alive during saline abortion' at 6 a.m."

"Thankfully, the abortionist was not at work yet. Had he been there, he would have ended my life with strangulation, suffocation, or leaving me there to die. Instead, a nurse called an ambulance, and I was rushed to a hospital. Doctors did not expect me to live."

"I did. I was later diagnosed with cerebral palsy, which was caused by a lack of oxygen to my brain while I was surviving the abortion. I was never supposed to hold my head up or walk. I do."

She concluded: "If abortion is about women's rights, then what were mine?"

Some abortion providers, Mr. Speaker, are unwilling to respect the Born-Alive Infants Protection Act, such as Priscilla Smith, who testified at a House Judiciary Committee hearing in 2015, saying that she didn't believe it would be a violation of the previous Born-Alive Infants Protection Act if a baby were killed outside the womb as long as the baby wasn't "viable."

Ms. SMITH went on to assert some fetuses are never viable. She made these claims notwithstanding the fact, Mr. Speaker, that viability is not a factor, even under existing law, in determining whether an infant deserves protection under the law. The law protects infants born alive at any stage of development; and, therefore these abortion survivors are entitled to the same degree of care that would be received by any other babies of their age.

The bill we are debating today, Mr. Speaker, would impose enforceable criminal penalties for clinics that do not treat survivors with proper medical care. There is, sadly, evidence that clinics fail to provide this care.

Deborah Edge, a former abortion clinic employee, wrote an op-ed about her experience. She said: "I was the doctor's right-hand person in the operating room, and just like those employees of Dr. Gosnell"—who we know was

one of the most horrific abortionists to date, guilty of first degree murder in the cases of at least three babies—"I saw the abortionist puncture the soft spot in the baby's head or snip its neck if it was delivered alive."

The abortion providers, Mr. Speaker, who neglect to provide appropriate professional care to these babies, or worse, who kill them once they are born, must be held accountable.

Finally, I believe it is very important to note, to counter some of the things you will hear from the other side of the aisle, that this bill provides crucial protections for women. This bill protects women who seek abortions by prohibiting them from being prosecuted under the law.

H.R. 4712 also empowers women. It allows them to sue abortionists who don't provide protection for aborted babies who are born alive. This is very important, Mr. Speaker. Take the case of a woman named Angela who went to a clinic in Orlando, Florida, when she was 23 weeks pregnant.

Angela received pills to begin contractions to induce an abortion. After an hour of labor, Mr. Speaker, Angela delivered her baby, alive, into a toilet. Angela had her friend call 911 to request help to save her baby, but when the paramedics arrived on the scene, clinic staff reportedly turned them away. The fire department's incident report said they had no contact with the patient.

After the death of her son, Rowan, Angela wrote the following: "The very moment I saw my son was alive, nothing else in the whole world mattered but Rowan's safety . . . Only one thing mattered to me: getting Rowan help. I begged repeatedly."

Tragically, the abortion clinic not only refused but also, apparently, sabotaged Angela's call for help.

The bill that we are debating today, Mr. Speaker, would give women like Angela the ability to sue abortionists who do not comply with the law's requirements to give medical attention to children born alive like baby Rowan.

Therefore, Mr. Speaker, I urge support for this rule to allow consideration of H.R. 4712, and I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I want to thank the gentlewoman from Wyoming (Ms. CHENEY) for the customary 30 minutes, and I yield myself such time as I may consume.

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

Mr. MCGOVERN. Mr. Speaker, today we will consider the 61st closed rule of the Congress, part of a disturbing and familiar pattern. Republicans are running this House with no regular order, no hearings on legislation, and one closed rule after another. Speaker RYAN and House Republicans recently set a record as presiding over the most closed session of Congress in history, and now they are adding to it.

With no transparency and their continued effort to silence any debate or

dissent, this House Chamber feels more like the Russian house rather than the people's House. Now, I know Donald Trump is enthralled with authoritarian rulers and authoritarian rule, but that doesn't mean you guys have to follow suit.

Today's rule provides for the consideration of H.R. 4712, yet another partisan and extreme Republican bill that is completely unnecessary and aimed solely at pleasing the majority's right-wing base. The simple truth is that this bill is filled with inflammatory language intentionally designed to politicize women's access to healthcare. It is clearly about nothing more than advancing an agenda to take away access to safe and legal abortion.

With this bill, House Republicans are meddling in the decisions that should be left up to doctors and patients. That is not our job. What we are doing today is not about serious legislating. If it were, the majority would have gone through regular order. This bill is nothing more than a very cynical effort to give Republican Members of Congress something to point to when they join the anti-choice march in Washington this week. Republicans are recklessly playing politics with women's health, and they should be ashamed.

My Republican colleagues claim that this bill is just a reinstatement of the current born-alive law. First, if that were true, then this bill would be redundant and unnecessary; and, second, Democrats would support it. When the original law came to the House floor in 2002, it was passed by a voice vote. We all agreed. But this bill is not a reinstatement.

This bill takes the current, functional law and adds a radical inclusion of criminal penalties for doctors if they violate the unreasonable requirements of this legislation.

Under current law, when a child is born alive, including during an abortion procedure, the healthcare provider is required to care for this newborn and apply a standard level of care given to any and every child. However, this bill takes the law a step further and requires that the doctor immediately transport this child to a hospital, without exception, whether it is safe for the child or not, or face criminal punishment—up to 5 years in jail.

This bill could create a chilling effect and limit access to safe, legal abortion for women since physicians may fear prosecution. Patients need and deserve access to compassionate and appropriate medical care. This bill is, quite frankly, unconscionable.

Mr. Speaker, there are times when immediately transporting a newborn to a hospital that may be miles or even hours away may result in grave harm to that infant. Such decisions must be left to the professional judgment of doctors and clinicians.

Doctors and clinicians oppose this law because it prevents them from giving the best care to their patients. The

American College of Obstetricians and Gynecologists strongly oppose this legislation, calling it a "gross interference in the practice of medicine."

Current law is working and should not be radically changed for a partisan talking point. Right now there are a number of truly critical issues that we ought to be considering on this floor, not a sound bite for an anti-choice rally coming up in the next couple of days.

A clear majority of Americans, I should point out to my colleagues, seven out of ten, say they believe a woman should have the right to a safe, legal abortion according to a Quinnipiac University poll. By stark contrast, fewer than three in ten Americans—that is 29 percent—approve of the job Republicans are doing in Congress. Maybe the majority ought to get the hint. People don't like what you are doing. This should be a wake-up call to Republicans to end their partisan crusades and start doing their jobs. It is time to focus on the real pressing issues we face.

The Children's Health Insurance Program, CHIP, which nearly 2 million kids and their families rely on, has been in limbo for months as States are beginning to run out of money. Now Republicans are pushing a continuing resolution that fails to permanently extend CHIP. Permanently extending CHIP would not only give these kids and their families the certainty they need when it comes to their healthcare, but the nonpartisan Congressional Budget Office says that it would also save \$6 billion. I thought the majority were the party of fiscal responsibility. Do the right thing and save \$6 billion. But Republicans would rather kick the can down the road once again.

The authorizations for Community Health Center funds and the Maternal, Infant, and Childhood Home Visitation programs will remain expired. That is not even included in this partisan CR that we are going to see a little bit later today.

Each and every day, 122 DREAMers are losing their protected status and ability to work in this country, and my Republican friends don't seem at all bothered by that.

People who are first responders, saving lives, people who serve in our military and people who work in our companies who are such great members of our community are treated like this in such a rotten way, and yet more inaction.

The administration just stripped 200,000 Salvadorans legally residing in the United States of their protected status, people who are obeying our laws and who are working here legally.

□ 1245

They did this while admonishing Congress to provide these same people with an enduring lawful immigration status; and yet, we have a Congress that is so dysfunctional, they can't even agree on what to have for lunch,

never mind move anything forward that is positive with regard to protecting these important members of our community.

The debt limit needs to be raised to ensure the U.S. is able to pay its bills. Communities are urgently in need of resources to fight the opioid epidemic that is killing 91 Americans a day.

They are tired of your press releases. They want the funding to be able to respond to the crisis in their communities; yet, nothing in this CR, no urgency here in Congress.

More needs to be done to help repair damage left by devastating wildfires and hurricanes that have ravaged this country. I just came back from a trip to Puerto Rico. The place is still in great disrepair, and our initial response to that hurricane was disgraceful. We have a special obligation to these people, our fellow citizens, to better respond; yet, there is no urgency here.

Most importantly, where is the budget agreement that sets the caps for fiscal year 2018? House and Senate appropriators can't even begin negotiations on an omnibus funding bill until they know the top-line numbers.

That means that this will not be the last short-term continuing resolution that we see before this House. Until there is an agreement on the budget caps, we will continue to see the Republican majority keep kicking the can down the road. We will see CR No. 5 in mid-February and maybe CR No. 6 shortly thereafter.

When will the Republicans finally stop negotiating with themselves and instead reach out to Democrats and work in a bipartisan way and actually get the job done that we were sent here to do by our constituents?

We are just hours away from another Republican shutdown, and instead of working on a bipartisan agreement, we are here discussing this inflammatory bill that will impose criminal penalties on doctors and allow Congress to intrude on medical care decisions.

When are we going to put the radical rhetoric aside and do our jobs and tackle the real issues that the Americans sent us here to tackle?

Here is kind of the icing on the cake. This government shutdown is looming. We are going to run out of money on Friday. All hell is going to break loose if we can't come to some sort of agreement. You would think we would be working together to get this done as quickly as possible.

But then we are told we are going to consider the continuing resolution rule after this and then we are going to debate it, but we are not going to vote on it until later night, after 7, maybe even later.

Why, people might ask, are we delaying action on a bill that decides whether we keep the government open?

Oh, we just found out President Trump is doing a political rally with Republican Members of Congress in Pennsylvania.

So the political rally is more important than the well-being of the American people?

What are you guys thinking?

Shame on you. This is a moment of urgency and instead of doing political sound bite legislation and instead of doing political rallies in Pennsylvania for an election that doesn't happen until March, Members of Congress ought to be here, working to keep the government running, to come to some sort of accommodation on the DREAMers, to make sure community health centers are funded, to make sure our veterans get the funding and the healthcare they need.

What you are doing is atrocious. If the American people could sue you for political malpractice, you would be in deep trouble.

I urge my colleagues to oppose this rule, to oppose this bill that would severely undermine women's access to essential services like abortion, and I urge my colleagues to cancel the political rally and get back to work.

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

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair and not engage in personalities toward the President.

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

Mr. Speaker, I compliment my colleague on the other side of the aisle, Mr. MCGOVERN. We have the opportunity, Mr. Speaker, to spend a number of hours together up in the Rules Committee. It is always great to manage debates with Mr. MCGOVERN on the other side of the aisle because you are left with, number one, no doubt about where he stands. But number two, a target-rich environment as well, Mr. Speaker.

I would just say a couple of things. First of all, casting aspersions on this bill when my colleagues say this bill is nothing more than a political stunt or a political sound bite or a partisan talking point, I can't imagine, Mr. Speaker, that they really believe that describing legislation—they may disagree with the legislation—but for us to have to be on the floor of this body talking about babies who are born alive and who are killed at the hands of abortionists is far more than a political sound bite.

I think Mr. MCGOVERN, my colleague, was saying that we ought to be ashamed of ourselves. I would just say, Mr. Speaker, that is rhetoric that we don't need and rhetoric that is absolutely inaccurate in terms of describing the important efforts that we have underway here.

I also would hope, Mr. Speaker, that our colleagues in the other body, in particular, the Democrats in the other body—Mr. SCHUMER and the others over there—were watching Mr. MCGOVERN just now. If the issue really is, Let's get to work and let's get a deal done, that deal is in their hands.

Mr. MCGOVERN well knows that you have got to get 60 votes in the United

States Senate to get a deal. We are in the position today where, of the long list of items Mr. MCGOVERN mentioned, I would say he failed to mention the single most important obligation we have, which is to ensure that we get resources to our military.

The reality of the situation we are facing today, at a moment when our Nation faces grave threats, at a moment where we are having servicemen and -women killed in training accidents—more killed in training accidents in the last year than were killed in combat in the last year—we in this body have failed to do our duty.

The reality of this, for people to understand, is that the Democrats in the United States Senate are holding funding for defense hostage because they want amnesty for illegal immigrants. That, Mr. Speaker, is something that I think is absolutely indefensible.

So I hope that Mr. MCGOVERN's colleagues in the Senate were watching him, were listening to the concern he has about the sense of urgency with moving forward.

Frankly, Mr. Speaker, we could have a deal today, if the Democrats would stop holding spending hostage, stop holding the resources our military needs hostage in order to grant amnesty for illegal immigrants.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN), my friend and colleague and the sponsor of this bill.

Mrs. BLACKBURN. Mr. Speaker, I will tell you it is an honor to come to the floor and talk about one of these protected rights: life.

When we talk about our founding documents and life, liberty, and the pursuit of happiness, it is life that we are protecting.

I find it unfortunate that we have some who would say this is a radical talking point. I would offer that the right to life is a fundamental right, not a talking point.

Now, what brings us to this point in time?

We all remember the stories of Kermit Gosnell, the abortionist, the house of horrors, and what happened there, where individuals—moms—lost their lives, where one of the workers in that clinic estimated that there had been as many as 100 babies through the years that had survived an abortion and had been killed.

What we are seeking to do is expand these protections. Today, what we are doing with H.R. 4712 is to build on that legislation from 2002. This body had passed that legislation to protect infants that were born alive and had survived abortions.

This bill before us today is going to do four very important things.

First, it requires appropriate care be given to any child who is born alive following a failed abortion. It requires any health providers present to administer the same life-preserving care that would be given to babies born under any other circumstances and to ensure

that the child is transported immediately to a hospital.

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

Ms. CHENEY. Mr. Speaker, I yield an additional 30 seconds to the gentlewoman from Tennessee.

Mrs. BLACKBURN. Second, the bill establishes criminal penalties that providers will face if they violate providing that care.

Third, it establishes a civil right of action to enforce the law.

Finally, the bill provides crucial protections that will prevent mothers of these babies from being subject to criminal prosecution and penalties.

Mr. Speaker, these are the right steps to protect the most vulnerable among us. I encourage support for the bill.

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

Mr. Speaker, I want to say to my colleague from Wyoming that I will point out a little statistic that she might be interested in. That is, I think never in history has the government been shut down when the same party controls the House, the Senate, and the White House, like the Republicans do right now. The Republicans have a 23-seat majority, I think, in the House right now. You control the agenda.

If the gentlewoman or her leadership were interested in working with Democrats, here is a little advice: maybe you ought to have asked us to the table. Maybe you should consult with us. Maybe you should ask us what we think is important. Maybe you ought to understand that if you want to get something done that is bipartisan, you have to act in a bipartisan way.

The reason why I am anxious to get this vote on the CR is because I think the CR that has been proposed is wholly inadequate. It is not in the best interest of our country.

But I want us to continue to negotiate it. Maybe the Republicans will come back to the table and negotiate. That is why I feel so strongly that my Republican friends ought not be going to political rallies in Pennsylvania today with the President and they ought to be staying here to do the work to make sure we get a bipartisan agreement to keep the government open.

I get it. You are losing seats all around the place. The popularity of the Republican Party has never been lower. You are all panicked. But the election isn't until March. Donald Trump can take all of you on his luxurious plane to Pennsylvania at another time. But today, we ought to be focused on the people's business. Next week, we are supposed to be off. So you have all the time in the world next week to be able to go with Donald Trump on a political excursion.

When I think about what is at stake and we are delaying votes on a continuing resolution and on further negotiations because people are more interested in the political rally in Pennsylvania, this takes my breath away.

The SPEAKER pro tempore. Members are advised to address their remarks to the Chair.

Mr. MCGOVERN. Mr. Speaker, I yield 4 minutes to the gentlewoman from New York (Ms. SLAUGHTER), the distinguished ranking member of the Rules Committee.

Ms. SLAUGHTER. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, we are back to the House floor today to pass another bill, the real intent of which is to harm women and limit their constitutionally protected healthcare they can receive. I need to repeat that because most people I find do not understand that the Constitution of the United States, which we revere, protects a woman's right to choose.

To add insult to injury, this intrusive legislation is totally unnecessary. Killing an infant, or anybody else, has always been against the law.

To reiterate the point, a bipartisan law was passed in 2002 to reinforce that medical care should be given to any infant born alive. To illustrate how unnecessary this bill is, Dr. Kermit Gosnell, who is the only example we have in America, is going to spend the rest of his life in prison without any possibility of parole for three first-degree murder convictions.

But H.R. 4712 goes much further than the current law. It legislates medical standards of care and threatens the providers with civil and criminal penalties.

The effects of this are best described by an OB/GYN from my district:

"I have been a practicing OB/GYN for more than 35 years, and it is my life's calling to care for women across their lifespan. Throughout my career, I have cared for patients during their highest highs and lowest lows, from healthy pregnancies to devastating fetal anomalies, to cancer diagnoses. I take my role as their trusted physician very seriously, and take pride in providing compassionate and ethical care to each and every patient.

"H.R. 4712 would take that ability away from me, inserting politicians into the patient-physician relationship and the profoundly personal healthcare decisions of my patients.

"Recently, I had a patient with severe HELLP syndrome, a life-threatening blood pressure condition during pregnancy for which the only treatment is to deliver. This meant induction of her previsible fetus to save her life.

□ 1300

"As her condition deteriorated, and after consulting her family, spiritual leader, and several specialists, she decided to deliver"—she should be able to consult whomever she pleases—"knowing that her extremely preterm infant would not survive. If enacted, H.R. 4712 would take away this family's choice of providing comfort care for their baby, put my patient's life at risk, and threaten me with criminal and civil

penalties for providing appropriate and empathetic care to my patients."

H.R. 4712 is just the next bill in a long line of votes that we have had here that would hurt women.

But Congress is just part of the current crusade against women. This administration has done more than its share to ensure that 2017 saw an unprecedented amount of attacks against women and our ability to access healthcare.

Just this morning—America, please don't lose the irony in this. Just this morning, the administration announced a rule to allow providers, hospitals, nurses, and others to refuse patients needed healthcare based solely on the religious or moral beliefs of the provider.

Is it just me who thinks that is in direct contradiction to this bill they are trying to push off on us now? On the one hand, they are saying everything has to be treated, and, on the other hand, they are saying you don't have to treat anybody if your personal or moral convictions prevent you from doing so. That is really dangerous, believe me. This is an unconscionable effort to blatantly ignore the needs and the best interests of the patients.

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

Mr. MCGOVERN. Mr. Speaker, I yield an additional 1 minute to the gentlewoman from New York.

Ms. SLAUGHTER. This silly rule will put individuals' lives and health in danger and will result in deaths, based on an undefined moral objection. It doesn't even have to be explained that they have some idea that they would not be able to treat that person who may be bleeding to death before them.

Mr. Speaker, I am going to close again with the words from the OB/GYN from my district:

"The purpose of this legislation is to scare and intimidate physicians and punish them for providing abortion care, but the true impact will be on the women and families who will be denied the highest quality medical treatment they deserve.

"H.R. 4712 is a dangerous bill. I urge you to protect my patients' access to care and reject this gross interference in the patient-physician relationship."

Mr. Speaker, without a doubt, the whole idea of this bill is a political issue. But the idea of what the administration did this morning, to completely negate this bill that we are debating right now, is irony that is just too delicious to miss.

Ms. CHENEY. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. SMITH), one of the strongest, most honorable and admirable defenders of life in this body, my friend.

Mr. SMITH of New Jersey. Mr. Speaker, I thank my good friend for yielding.

Mr. Speaker, doctors, today, routinely diagnose and treat a myriad of illnesses and diseases suffered by societies' littlest patients—unborn babies

and newborns—significantly enhancing both the children’s health and longevity.

Abortionists, on the other hand, take a different approach. They dismember and chemically kill unborn children for profit. For decades, babies have survived later term abortions. As far back as 37 years ago, a Philadelphia Inquirer story called baby survival “the dreaded complication.”

Dr. Willard Cates of the Center for Disease Control said live births “are little known because organized medicine, from fear of public clamor and legal action, treats them more as an embarrassment to be hushed up than a problem to be solved. It is like turning yourself in to the IRS for an audit. What is there to gain? The tendency is not to report because there are only negative incentives.”

Of course, the tendency is not to report.

When an undercover investigator asked another abortion provider from Planned Parenthood about the procedure for checking for signs of life in a baby born after an attempted abortion, the abortionist responded by saying: “I mean, the key is, you need to pay attention to who is in the room. . . .”

Philadelphia abortionist Kermit Gosnell had a lot of people in the room, but nobody was reporting, as he killed and snipped the spinal cords of hundreds of born babies to ensure that they didn’t survive.

All is not well in the abortion clinics either, in terms of their own personnel. The National Public Radio, NPR, did an incisive story featuring former Planned Parenthood Director Abby Hoffman, who is now Johnson, who is now pro-life, and her outreach to clinical workers encouraging them to quit their jobs inside the abortion clinics.

Heard on “All Things Considered,” Annette Lancaster, a former manager of Planned Parenthood in North Carolina, said her abortion work made her feel “dark and morbid.” Annette said she was troubled by the way she and other workers referred to fetal remains. She said: “I just now started being able to use my deep freezer in my home by going through therapy, because we used to call the freezer the ‘nursery.’” That is to say for the dead babies.

The National Abortion Federation, in their textbook for abortionists, says:

“Providers should consider the possibility of a live-born fetus, particularly if fetal death is not induced prior to the procedure and the gestational age is 18 to 20 weeks or more.”

“Besides the emotional and ethical difficulties for patients, their partners, and staff, a delivery with signs of life may have legal implications.”

The problem with existing law, Mr. Speaker, is enforcement—the lack of legal implications.

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

Ms. CHENEY. Mr. Speaker, I yield an additional 30 seconds to the gentleman from New Jersey.

Mr. SMITH of New Jersey. MARSHA BLACKBURN’s bill, the Born-Alive Abortion Survivors Protection Act, requires, under penalty of law, that appropriate healthcare to be given to any child who survives an attempted abortion, not looking the other way, as has been done for decades—Gosnell probably being the most egregious example.

The law prescribes that:

“Any healthcare practitioner present at the time the child is born shall exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious healthcare practitioner would render to any other child born alive at the same gestational age; following the exercise of skill, care, and diligence . . . ensure that the child born alive is immediately transported to a hospital.”

The bill also establishes strong criminal penalties for practitioners who violate this requirement; establishes a civil right of action for the mother of the child, to enforce the law; and the mother of the child born alive may not be prosecuted under this law.

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

Mr. Speaker, we are, again, at a very urgent moment here for our country. We have a lot to do, and we ought to be working in a bipartisan way to keep the government open. That ought to be everybody’s priority. Quite frankly, we ought to be focused on that more than on a bill that is a sound bite that is going nowhere.

In fact, this bill was so important to my Republican friends that it never had a hearing or it never went through a markup. It just miraculously appeared at the last minute in advance of this anti-choice rally coming up.

But with all that is going on right now, I mean, with the threat of a shutdown, I am looking at Donald Trump’s tweet:

“Will be going to Pennsylvania today in order to give my total support to Rick Saccone, running for Congress in a special election (March 13). Rick is a great guy.”

That is where the President’s head is today. And he is taking a bunch of Republicans with him. Rather than negotiating a bipartisan deal that will help keep the government running, that will help the DREAMers, that will help our kids, that will help community health centers, that will help our hospitals, and that will help our veterans, the focus is on a political rally in Pennsylvania. This is unbelievable. Cancel the rally—you have until March 13—and, instead, focus on the people’s business.

Mr. Speaker, I yield 3 minutes to the gentlewoman from Colorado (Ms. DEGETTE), the co-chair of the Pro-Choice Caucus.

Ms. DEGETTE. Mr. Speaker, this bill imposes dangerous new standards of care on doctors under threat of criminal penalties, including up to 5 years in jail. It is just another attempt by the majority to interfere with the medical

judgment of doctors and other trained healthcare professionals, and it is, frankly, another example of why it is such a very, very bad idea for Congress to be legislating medical standards.

H.R. 4712 is also a solution in search of a problem. There is simply no evidence that current law is insufficient to protect infants.

It should go without saying that it has always been illegal to kill newborns. It is a complete distortion of the truth to say anything otherwise.

In 2002, as my colleagues have said, Congress reaffirmed that infants are entitled to appropriate medical care under a law that passed on a bipartisan basis. I voted for it. That law left medical judgment where it should be: in the hands of doctors, instead of politicians.

Today, the only example that we have heard from the other side of a horror that they are talking about was Dr. Kermit Gosnell, and it was a horror.

And guess what?

He was prosecuted under current law.

And guess what?

He is spending the rest of his life in prison, which is where he should be.

Sadly, the true intent of this bill is to intimidate and shame doctors out of providing comprehensive reproductive healthcare to patients.

The extreme and vague requirements of this bill, coupled with its stiff criminal and civil penalties, are only meant to have a chilling effect on providers, which will reduce access to safe and legal abortion.

Do you know what? I have been saying this every time we have one of these bills on the floor—the bills that are solutions in search of problems. Here is what I have to say, Mr. Speaker, to my colleagues on the other side of the aisle: If they truly want to reduce abortion in this country, work with us on providing family planning and long-acting birth control to everybody.

Abortion is at the lowest rate in history in this country, and the reason is because States, like my State of Colorado, are providing birth control to prevent unwanted pregnancies. We can do this on a bipartisan basis, but, instead, my colleagues choose not to, and I think that is a shame for every single woman and family in this country.

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

Mr. Speaker, I understand why my colleague on the other side of the aisle doesn’t want the President to be traveling to Pennsylvania. He doesn’t want him to be traveling. I am sure, to any battleground States. It didn’t work out very well for his party in 2016, when the President, very effectively, did just that all over the country.

I would also say that it is brave for my colleague to read a tweet of the President here on the House floor. I think the last time that the two of us were here together, we discussed the fact that it was a tweet from the President that scared his leadership away

from a crucial meeting at the White House to negotiate the budget cap deal, to negotiate exactly the deal that he is now so anxious to get done.

I can assure you, Mr. Speaker, that work is underway. I can assure you that we could have a deal right now today if—and I will repeat it once again. I know my colleague is going to say that the Republicans control the Senate. But he knows, and I know, Mr. Speaker, that the rules of the Senate require 60 votes to get something done. That means today that if CHUCK SCHUMER and the Democrats in the Senate are unwilling to agree to the cap deal, they are unwilling to provide the resources that we need to fund the military, the resources to make sure our men and women in uniform can defend the Nation, because they are holding out, and they are holding that hostage over amnesty. We could get it done today if they would be willing simply to come to the table and compromise and stop holding our troops hostage.

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

Mr. MOONEY of West Virginia. Mr. Speaker, I thank the gentlewoman for bringing this important bill to the floor.

We have heard it mentioned that, in 2002, in a bipartisan way, we already have law that a baby born alive, at any stage of gestation, any weeks of life, born alive, it is already illegal to kill the baby, and that was a bipartisan bill; so I can understand why my friends on the other side of the aisle want to keep changing the subject. Every vote today should be for this bill.

We have already agreed that you have to save the lives of these children. The problem is that we don't have strong enforcement mechanisms. This bill provides enforcement mechanisms. This bill specifies any medical care. This should be a unanimous vote.

That is what we need to talk about here today—in fact, life begins at conception—to have laws that protect babies born alive. Now, remember, these are babies who are born alive. There have been questions about whether or not it happens.

Melissa Ohden, who testified in the Judiciary Committee a couple of years ago, was a baby born alive. She started her own network, the Abortion Survivors Network, where she has had contact with 203 other abortion survivors.

Sometimes when they go in to start the abortion, they start the treatments, the dilation, and the chemical treatments, the baby comes out alive. I know people listening to this here today might believe that this is a horror story and that this doesn't happen. It happens in America.

We need to fight this, make it illegal, and pass this bill, so that those babies are given the same protection as any other child who is alive. This is a no-brainer. The only shame today is that when this vote is cast later, if there are

not 435 “yes” votes on that board today, that should be the shame of this situation. These are live babies. This is a no-brainer bill.

I am proud to represent the State of West Virginia, where respect for human life is cherished. Every Member of this body should respect human life. If it is already law, you should have no problem voting for it. That is all the more reason to support the bill before us today.

The voters of this country have elected us to do the job of the pro-life majority. It is time we pass bills like this, and more bills like this, so that we can show people we care about the unborn children.

□ 1315

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

Let me respond to the gentlewoman from Wyoming because I just want to make sure I am clear here.

There are less than 35 hours left before the government shuts down. I think that is a pretty big deal that should concern Republicans and Democrats.

I want to be clear. I don't care if the President goes to Pennsylvania. He can fly on his nice jet, enjoy lifestyles of the rich and famous or whatever he does, and go anywhere he wants in this country. I don't care where he travels to.

What we object to is the fact that this House is going to recess during this critical time so that he can bring along a whole bunch of Republican Members of Congress to be part of a political event at this crucial moment when the government is about to shut down. I find that astonishing.

The gentlewoman talks about how we owe it to the men and women in uniform to make sure we support our military. Do you think our men and women in uniform want us to take a break right now so that Republican Members can join the President on his fancy jet and go to Pennsylvania for a political rally? Is that where the priorities of this Republican majority really are?

I guess it is a habit. The last time we almost had a shutdown, in December, the Republicans took a break so that they could go to the White House for a party to celebrate their tax bill.

I am sorry. I know a lot of Republicans in my district and across the country who I don't think prioritize parties and political rallies over us doing our business. Either postpone the political rally or have the President go without Members of Congress. But the idea to recess until after 7 at this crucial moment when so much is in the balance I find just unbelievably beyond the pale.

Mr. Speaker, for months the majority has been holding the healthcare of 9 million children and over 9 million individuals, including seniors and pregnant women, hostage while they passed tax breaks for millionaires and billionaires. Well, time is up. With each day

that we fail to act, our constituents face uncertain times. It is wrong.

Mr. Speaker, even President Trump says he agrees that we need to act on CHIP. Just this morning he tweeted: “CHIP should be part of a long-term solution, not a 30-day or a short-term extension.”

Well, here is the chance to stop playing politics with CHIP—and community health centers as well—and do just that. If we defeat the previous question, I will offer an amendment to the rule to bring up Representative MCEACHIN's bill, H.R. 4820, the Advancing Seniors and Kids Act.

This bill would restore certainty and stability to so many of our vulnerable citizens by responsibly addressing critical healthcare priorities. It permanently reauthorizes CHIP; it reauthorizes community health centers for 2 years; and it includes other vital healthcare programs that provide relief to pregnant women, seniors, and many more.

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

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

There was no objection.

Mr. MCGOVERN. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. MCEACHIN) to discuss our proposal.

Mr. MCEACHIN. Mr. Speaker, my Advancing Seniors and Kids Act would permanently reauthorize CHIP, fund community health centers, prevent damaging cuts to our safety net hospitals, and make other changes that protect the health of children, seniors, and our most vulnerable friends and neighbors.

For months, Congress has failed to act on these issues, and the result has been completely avoidable pain and suffering. Right now, Americans wake up every day and worry: How much longer will my child, my family members have healthcare?

Mr. Speaker, we can take that fear away right now. Extending CHIP and funding community health centers, these are commonsense policies with bipartisan support. We should have passed clean extensions a long time ago, but we can make amends right now.

We know that healthcare coverage saves lives. We know that CHIP covers almost 9 million children. It is critically important that we do the right thing. If we let CHIP lapse, if we do not protect hospitals and community centers, there will be horrible consequences for families across this country.

Today more Americans have coverage than ever before. Medical bankruptcies are a lot less common than they were in the past. We are making progress.

I am urging my colleagues to build on that progress and not to abandon it.

A solution is right here in front of us. I urge all of my colleagues to vote “no” on the previous question and join me in supporting quality and affordable healthcare for all Americans.

Ms. CHENEY. Mr. Speaker, if my colleague from Massachusetts is so concerned about the government shutdown, about children’s health, about providing relief for healthcare, then I assume that he will be voting “yes” for the CR that comes to the floor later today, which, in fact, does extend CHIP, which, in fact, does help to provide relief from the terrible medical device tax, and which will keep the government open. I think that, if he wants to make sure that his objectives are met, there is a simple solution to do that.

Mr. Speaker, I yield 1 minute to the gentleman from Colorado (Mr. LAMBORN).

Mr. LAMBORN. Mr. Speaker, there are some issues we debate here in the House that, frankly, should not be a matter of question in anyone’s mind. One of those is whether or not a baby born and is outside of the womb deserves protection.

Sometimes abortion attempts fail and babies are born alive: its heart is beating, muscles moving, and lungs working. Tragically, some abortion providers then kill these infants directly or through neglect and exposure, and this is unconscionable.

The Born-Alive Abortion Survivors Protection Act says that a baby who survives an abortion must be treated at a hospital with the same care as a baby born alive naturally at the same state of pregnancy. The bill includes criminal sanctions against any abortion provider who kills a baby born alive.

Mr. Speaker, killing a baby outside of the womb is unquestionably the taking of an innocent human life. I urge unanimous support of Representative BLACKBURN’s bill.

Mr. MCGOVERN. Mr. Speaker, I would say to the gentlewoman from Wyoming that I am not going to vote for the CR because it doesn’t do anything for community health centers and doesn’t do anything to alleviate the burden of DSH payments for the hospitals that provide to vulnerable communities and doesn’t fund Veterans Health the way we want it to. There is a whole bunch of stuff.

I just want this process to move forward so we can get back to negotiating and actually get a deal that is bipartisan that we all can be proud of. That is why—tell your Members: Please don’t go on this political rally today. Instead, let’s keep this House going and let’s do the people’s work.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from Florida (Ms. FRANKEL).

Ms. FRANKEL of Florida. Mr. Speaker, my, my, here we go again, Republicans playing politics with deeply personal healthcare decisions that belong between women and their physicians.

The Born-Alive Abortion Survivors Protection Act is not going to save lives. It is going to wrench us back to the dark days of coat hanger medicine where women were killed and maimed in back alleys.

This legislation has one aim: intimidate good and decent doctors; threaten them with imprisonment if they dare to perform a legal abortion, exercising their own medical judgment and with the consent of their patient.

I strongly oppose this legislation.

Mr. Speaker, the women of this country are watching. We will not go back.

Ms. CHENEY. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. LAMALFA).

Mr. LAMALFA. Mr. Speaker, we are hearing a lot about how we can’t do two things at once around here. We have 435 Members of the House of Representatives. We have multiple committees. There are negotiations going on in other rooms right now, but there is no time to do this important piece of legislation to stop infanticide in this country. It is like, wow, can Members of Congress not walk and chew gum at the same time?

I would invite my Democratic colleagues: Here, try some gum. We need to do this.

This empowers nurses. This empowers those assistants who see something that is terribly wrong with an abortion that went wrong and they have a chance. Instead, they have to clandestinely sneak out that surviving baby and take them somewhere else because they can’t get the care they need; they might get in trouble from their boss.

What kind of country is that? Why is this even a debate in a civilized country in 2018 that you wouldn’t do everything you can, after the already difficult or bad decision on an abortion, that a baby who survived, that we are not going to do everything we can to swoop it away and help it survive? What are we talking about here? This is unbelievable to me.

Mr. Speaker, we need to pass this legislation and empower those nurses, empower those assistants who see what is wrong and allow them to do the right thing.

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

Ms. CHENEY. Mr. Speaker, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Speaker, I come to the floor on this. I want to make sure that people know that I am an original cosponsor of the underlying bill. I support the underlying bill. I have signed on to every piece of pro-life legislation that I can find, and I came here to save as many lives as we can.

My question out here is: What do you have to do to break out of the straight-jacket of incrementalism and get to actually saving numbers of lives?

My hat is off to Jill Stanek. She brought this bill a long way. We are going to honor her today on the vote on the final passage of the bill.

But I am putting up a procedural vote, a “no” vote on the rule today, because we have 170 cosponsors on the Heartbeat bill. I have gone to every meeting. Nobody brought this bill up as the premier bill, and somehow, one outside organization came in and lobbied to put this ahead. It had 61 cosponsors instead of 170. There has been no hearing.

I am for the bill. Attach them both together. Let’s save all the lives we can. But if nobody has the courage to step up and say what is wrong with this process, then we’re never going to fix the process.

So I am going to vote “no” on the rule. I won’t ask anybody else to do that. I will vote “yes” on the underlying bill, and I will go back to work to save as many lives as we possibly can.

Mr. MCGOVERN. Mr. Speaker, I agree with the gentleman from Iowa: the process stinks.

I reserve the balance of my time.

Ms. CHENEY. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. JOHNSON).

Mr. JOHNSON of Louisiana. Mr. Speaker, we have heard some outrageous arguments from our colleagues on the other side in the last hour or so. I have heard things like the argument that this is unnecessarily legislating medical standards. They said that this should be a matter of medical judgment. Really?

A commitment to the sanctity of every single human life is essential to who we are as Americans and, more fundamental than that, who we are as human beings.

They have also argued that this is a solution in search of a problem, but they ignore the data. According to the CDC, between 2003 and 2014, 588 of the infant deaths reported included a record that the cause of death was “termination of pregnancy affecting a fetus and a newborn.” The CDC acknowledges that this could be an underestimate.

I can tell you from my own experience, firsthand, over two decades litigating against the abortion industry in Louisiana that that industry always underreports their numbers of terminations and, certainly, their complications.

Just yesterday, I spoke with my friend Brandi in Baton Rouge. She is, herself, a survivor of a failed abortion attempt. She was left to die, and now she lives with severe disabilities because of that. She is a passionate advocate for life. Mr. Speaker, every single one of us should be.

The most important responsibility of a just government is to defend the defenseless. With the Born-Alive Abortion Survivors Protection Act, it is necessary to protect the most vulnerable in our society, and I urge my colleagues to vote in favor of the legislation.

Mr. MCGOVERN. Mr. Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON LEE) for a unanimous consent request.

(Ms. JACKSON LEE asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE. Mr. Speaker, I rise to support the opposing of the rule and opposing of H.R. 4712 to support the right of a woman to choose and to support loving families.

Mr. Speaker, I rise in strong opposition to the Rule and the underlying bill.

I strongly oppose this latest attempt by the Republican House majority to limit women's rights to safe and legal abortions.

H.R. 4712 amends the Born-Alive Infants Protection Act—a 2002 law that the pro-choice community did not oppose.

This bill, however, adds penalties to the law and an entirely new section in which Congress attempts to intrude directly into medical practice of abortion care for anti-choice ideological purposes.

Anti-choice lawmakers say this new bill is necessary because some babies “survive” abortion procedures.

They cite the now-discredited videos attacking Planned Parenthood as their evidence.

Of course, such allegations are untrue: newborns already have many legal protections, and there is no similarity between safe, legal abortion care and infanticide.

This bill is a solution in search of a problem.

No evidence of lawbreaking has been uncovered that necessitates congressional involvement.

Abortion practice is safe, legal, and humane; any evidence of wrongdoing can and should be handled under existing law.

If there is ever a case of harm or mistreatment of newborns, then of course, it should be investigated and prosecuted.

No such case exists here.

That makes it even clearer that H.R. 4712 must have other purposes; we believe the bill's true goals are to inflame the public with outrageous accusations, to interfere with medical care, and to intimidate doctors out of practice.

This legislation is consistent with the assaults that the Trump Administration and anti-abortion members of Congress in both the House and Senate have been undertaking throughout the 115th Congress and show no signs of ending.

The bill intrudes into medical practice, its mandate is so broad and the penalties so severe—up to five years in prison and the threat of financially crippling lawsuits—that one can only conclude that H.R. 4712 hopes to intimidate abortion providers out of practice.

This interference in medical care could also cause tremendous additional grief to some families making difficult decisions in heart-breaking cases.

We would not tolerate similar intrusion by politicians into any other medical specialty; abortion care is no different.

Finally, it is important to put this legislation into the proper context.

We are in the midst of an unprecedented assault against reproductive rights: this bill is just one in a litany to restrict a woman's right to choose while using women as political pawns with an extremist, anti-choice base.

Instead of spending time attempting to roll back women's constitutionally protected rights, this House should be advancing legislation that will reform our truly broken immigration and criminal justice systems.

The bill before us is offered for a simple purpose; to sensationalize opposition to abortion and serve as a political decoy to shut down our government.

The United States Supreme Court ruled over 40 years ago, in *Roe v. Wade* (410 U.S. 113 (1973)), that a woman's constitutional right to privacy includes her right to abortion.

Since this landmark decision, abortion rates and risks have substantially declined, as have the number of teen and unwanted pregnancies.

Restricting all access to reproductive and women's health services only exacerbates a woman's risk of an unintended pregnancy and fails to accomplish any meaningful overthrow of *Roe v. Wade*.

In recent years, state policymakers have passed hundreds of restrictions on abortion care under the guise of protecting women's health and safety.

Fights here in Congress have been no different.

In my state of Texas a law that would have cut off access to 75 percent of reproductive healthcare clinics in the state was challenged before the U.S. Supreme Court in 2014 and 2015.

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

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

Texas has 268,580 square miles only second in size to the state of California.

The impact of the law in implementation would have ended access to reproductive services for millions of women in my state.

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

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

It seems every month we are faced with a new attack on women's access to reproductive health care, often couched in those same terms.

But we know that's not really the case.

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

Instead, they are attacking Planned Parenthood in a back-handed attempt to ban abortion.

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

Just as the 1988 Human Fetal Tissue Transplantation Research Panel (or the Blue Ribbon Commission) sought to separate the question of ethics of abortion from the question of ethics of using fetal tissue from legal elective abortions for medical research when laying the foundation for the 1993, NIH Health Revitalization Act (which passed overwhelmingly with bipartisan support), we must separate the personal views of abortion from the legal issues of federal compliance.

Namely, the NIH Health Revitalization Act prohibits the payment or receipt of money or

any other form of valuable consideration for fetal tissue, regardless of whether the program to which the tissue is being provided is funded or not.

A limited exception, and crux of the applicable issue of legality, lies with the provision allowing for reimbursement for actual expenses (e.g. storage, processing, transportation, etc.) of the tissue.

Planned Parenthood repeatedly maintains and supports that their affiliates involved with fetal tissue research comply with this requirement.

In fact, of the 700+ affiliate health care centers across the country, only 4 Planned Parenthood affiliates currently offer tissue donation services and of those 4, only 2 (California and Washington) offer fetal tissue donation services—that's 1 percent of all Planned Parenthood service centers.

The California affiliate receives a modest reimbursement of \$60 per tissue specimen and the Washington affiliate receives no reimbursement.

It is worth noting that fetal tissue has been used for decades.

Since the 1920's researchers have used fetal tissue to study and treat various neurological disorders, spinal cord injuries, diabetes, immune deficiencies, cancers and life-threatening blood diseases.

One of the earliest advances with fetal tissue was to use fetal kidney cells to create the first poliovirus vaccines, which are now estimated to save 550,000 lives worldwide every year.

The most widely known application in the field of human fetal tissue transplantation has been the Treatment of Parkinson's disease.

Many of our other common vaccines, such as polio, measles, chicken pox, rubella and shingles, have been developed through the use of fetal tissue or cell lines derived from fetal tissue.

When looking at the 1 percent of health care providers involved in fetal tissue donation and research, and no clear credible proof of illegal activity, it is obvious that attacks on Planned Parenthood are wholly misguided.

Planned Parenthood has one of the most rigorous Medical standards and accreditation processes in the country.

It is the only national provider that has developed a single set of evidence-based Medical Standards and Guidelines that define how health care is provided throughout the country.

Guidelines are developed and updated annually by a group of nationally-renowned experts, physicians, and scientists, including medical experts from Harvard and Columbia.

Planned Parenthood affiliates must submit to accreditation reviews that include 100 indicators (or high level areas of review) and over 600 individual Elements of Performance (or measures for review). Half of these relate to the provision of medical care and patient safety.

Planned Parenthood has strict requirements regarding compliance with all federal, state, and local laws and regulations. A specific area of compliance is with mandatory reporting laws and regulations regarding reporting in instances where the welfare of a minor is endangered.

All staff with patient contact are rigorously trained regarding compliance with federal, state and local laws and regulations governing service to minors.

Violations of mandatory reporting regulations are subject to disciplinary action, up to and including termination.

It is no secret that the Center for Medical Progress is an extreme anti-choice organization with a goal of outlawing legal abortion procedures in this country.

To achieve that goal, they have shamelessly targeted Planned Parenthood and the funding that provides healthcare services to millions of women every year.

They continue to use deceptive tactics and secret videos to try and undermine Planned Parenthood.

Just like Live Action, the Center for Medical Progress is not a group that can be taken credibly.

The Center for Medical Progress is simply recreating a history of doctoring and manipulating video intended to create misimpressions about Planned Parenthood.

It is a coordinated effort by anti-choice forces—not only on Planned Parenthood or a woman's right to choose, but on women's health care across the board.

At the same time, national media is reporting about a major coordinated push by anti-choice groups and Members of Congress to defund Planned Parenthood.

This coordinated effort to defund Planned Parenthood is an assault on all progressive health care, service, and advocacy organizations who aim to provide vital care and services to women and men across this country.

The public is standing by Planned Parenthood, which plays a vital role in defending women's health and rights.

Hundreds of thousands have already spoken up, including leading groups and communities such as the growing voice of our millennial generation.

My colleagues should be doing more to connect our youth and women to services that help them reduce their risk of unintended pregnancies and STD's, and improve their overall health through preventative screenings, education and planning, rather than restricting their access to lawfully entitled family planning and private health services.

I urge all Members to vote against the rule and the underlying bill.

Ms. CHENEY. Mr. Speaker, I yield 1 minute to the gentleman from Washington (Mr. NEWHOUSE), my colleague on the Rules Committee.

□ 1330

Mr. NEWHOUSE. Mr. Speaker, I rise today to voice my strong support of this rule and to provide consideration of H.R. 4712, the Born-Alive Abortion Survivors Protection Act, which would ensure that children who survive an abortion, or an attempted abortion, are given proper medical treatment.

I am a proud cosponsor of this bill to ensure that babies born alive are transported and admitted to a hospital immediately following emergency care. As a Christian and as a father of two, I hold maintaining the sanctity of life as my highest priority.

The House of Representatives voted to pass this legislation in the 114th Congress, but it was met with an unresponsive Senate. I will vote again to support this bill to hold healthcare providers accountable, protect and em-

power mothers, and help ensure that these innocent children are provided the same medical care that any other newborn would receive. I remain hopeful that this time around we can send this important legislation to the President to be signed into law.

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

Ms. CHENEY. Mr. Speaker, could I inquire how much time is left on each side?

The SPEAKER pro tempore. The gentlewoman from Wyoming has 4 minutes remaining. The gentleman from Massachusetts has 3 minutes remaining.

Ms. CHENEY. Mr. Speaker, is the gentleman prepared to close?

Mr. MCGOVERN. Mr. Speaker, as long as the gentlewoman doesn't have any other speakers, I am prepared to close.

Ms. CHENEY. Mr. Speaker, I reserve the balance of my time to close.

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

Mr. Speaker, first of all, I want to say to all of my colleagues, Democrats and Republicans, that this process is lousy. This is yet another closed rule. The bill before us didn't even go through committee. There was not a hearing. There was not a markup. It just miraculously appeared right before an anti-choice rally, and here it is, take it or leave it. That is not the way this place is supposed to be run.

At some point, no matter what your ideology is, no matter what you believe about some of these issues, you have to be for a more open process, a more deliberative process. This diminishes the House of Representatives. This is not what the people, I don't care what the political party or ideology may be, want from their Congress. They want a more open and transparent process.

Mr. Speaker, this bill before us, as I said before, is a sound bite. It is going nowhere, but it has been introduced, and we are going to be voting on it purely for political purposes.

Mr. Speaker, this morning, the majority whip announced: "Upon conclusion of debate on H.R. 195"—that is the CR—"the House will recess until 7 p.m."

Recess? I mean, recess? With all that is at stake, we are going to recess?

This isn't a time for recess or a political rally.

Shame on Republicans who are delaying action in this House on moving the process forward on a continuing resolution, to try to buy some time to make it better, hopefully, so that it can earn bipartisan support. Shame on them for going to a political rally instead of staying here and doing their job.

This is the time to responsibly fund government. Those of us on the Democratic side have a lot of issues with what the House leadership is ramming through in terms of a CR. We were not part of that discussion. We were not asked what our values are and what we think is important. This is purely a product that the Republicans negotiated with Republicans.

My hope is that we have time to make it better, but when you recess until 7, not to make it better, not to negotiate, but so that Republicans can go to a political rally, shame on you for doing that with all that is at stake.

Our soldiers don't want us to recess. Those who depend on community health centers don't want us to recess. Our veterans don't want us to recess. Yet everybody's perfectly fine on the other side of the aisle with taking a break; no big deal; no rush, nothing, as we get closer and closer to this crisis.

At some point we need responsible leadership in this House, and that begins with a return to regular order, a more open and transparent process, a respect for the views of the minority, and it means prioritizing the business of the American people.

I will say funding the government is more important than a political rally in Pennsylvania.

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

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

I agree with my colleague on the other side of the aisle, my colleague from Massachusetts. There is shameful action underway in this Congress, and that shameful action is the fact that, I will say once again, we are in a situation where our men and women in uniform have not received the appropriations that they need to do the job that we are asking them to do. And the reason they haven't—we have passed an authorization bill through this body; we have passed an appropriations bill through this body, but the Democrats in the Senate are refusing to act. The Democrats in the Senate who hold the key to getting 60 votes in the United States Senate are refusing to act. The reason they are refusing to act, Mr. Speaker, is because they want amnesty for illegal immigrants, and they are holding hostage the extent to which we are able to provide resources to fund our men and women in uniform.

Mr. Speaker, there is a tremendous amount of urgency on both sides of the aisle. I respect my colleague from Massachusetts and I respect his frustration, but I do not respect, Mr. Speaker, the extent to which he is accusing us of shameful behavior.

We are on this floor today talking about a bill that will protect babies who are born alive after abortions. The shameful behavior is that, on the other side of the aisle, they want to talk politics, they want to talk posturing, they want to talk process. They don't want to talk about babies who are born alive after abortion. I know why they don't want to talk about it, because it is uncomfortable. They would rather ignore that it is actually happening, but we can't ignore it.

Mr. Speaker, we have an obligation in this body to ensure that we provide protection and care for those who cannot, for the most vulnerable among us. Mr. Speaker, it is a moral obligation to ensure the protection of every baby born alive.

I am proud to be here today on behalf of the rule, Mr. Speaker, and I urge adoption of both the rule and the underlying bill, H.R. 4712, so we can continue to do what is right, what is morally required of us, and that is to protect and nurture and make sure we have provided safeguards for the unborn and for those who are born alive after abortion.

The material previously referred to by Mr. MCGOVERN is as follows:

AN AMENDMENT TO H. RES. 694 OFFERED BY
MR. MCGOVERN

At the end of the resolution, add the following new sections:

SEC. 4. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 4820) to extend funding for certain public health programs, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided among and controlled by the respective chairs and ranking minority members of the Committee on Ways and Means and the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 5. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 4820.

THE VOTE ON THE PREVIOUS QUESTION: WHAT
IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused,

the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

The Republican majority may say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

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

The SPEAKER pro tempore. The question is on ordering the previous question.

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

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

The yeas and nays were ordered.

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

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Lasky, one of its clerks, announced that the Senate has agreed to without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 98. Concurrent resolution directing the Secretary of the Senate to make a correction in the enrollment of the bill S. 139.

The message also announced that the Senate agrees to the amendment of the House to the bill (S. 139) "An Act to

implement the use of Rapid DNA instruments to inform decisions about pretrial release or detention and their conditions, to solve and prevent violent crimes and other crimes, to exonerate the innocent, to prevent DNA analysis backlogs, and for other purposes."

PROVIDING FOR CONSIDERATION
OF SENATE AMENDMENT TO H.R.
195, FEDERAL REGISTER PRINTING
SAVINGS ACT OF 2017;
WAIVING REQUIREMENT OF
CLAUSE 6(a) OF RULE XIII WITH
RESPECT TO CONSIDERATION OF
CERTAIN RESOLUTIONS; AND
PROVIDING FOR CONSIDERATION
OF MOTIONS TO SUSPEND THE
RULES

Mr. COLE. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 696 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 696

Resolved, That upon adoption of this resolution it shall be in order to take from the Speaker's table the bill (H.R. 195) to amend title 44, United States Code, to restrict the distribution of free printed copies of the Federal Register to Members of Congress and other officers and employees of the United States, and for other purposes, with the Senate amendment thereto, and to consider in the House, without intervention of any point of order, a motion offered by the chair of the Committee on Appropriations or his designee that the House concur in the Senate amendment with an amendment consisting of the text of Rules Committee Print 115-55. The Senate amendment and the motion shall be considered as read. The motion shall be debatable for one hour equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations. The previous question shall be considered as ordered on the motion to its adoption without intervening motion.

SEC. 2. The requirement of clause 6(a) of rule XIII for a two-thirds vote to consider a report from the Committee on Rules on the same day it is presented to the House is waived with respect to any resolution reported through the legislative day of January 20, 2018.

SEC. 3. It shall be in order at any time through the legislative day of January 20, 2018, for the Speaker to entertain motions that the House suspend the rules as though under clause 1 of rule XV. The Speaker or his designee shall consult with the Minority Leader or her designee on the designation of any matter for consideration pursuant to this section.

The SPEAKER pro tempore. The gentleman from Oklahoma is recognized for 1 hour.

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

GENERAL LEAVE

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