

overt act (such as the removal of the intracranial contents), other than completion of delivery, that kills the partially delivered intact living fetus.

Subsection (b)(2) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (b)(2) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (b)(2) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (b)(2) defines the term "physician" as a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which the doctor performs such activity, or any other individual legally authorized by the State to perform abortions: Provided, however, that any individual who is not a physician or not otherwise legally authorized by the State to perform abortions, but who nevertheless directly performs a partial-birth abortion, shall be subject to the provisions of this section.

Subsection (c)(1) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (c)(1) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (c)(1) provides for a civil cause of action for the father, if married to the mother at the time she receives a partial-birth abortion procedure, and if the mother has not attained the age of 18 years at the time of the abortion, the maternal grandparents of the fetus, unless the pregnancy resulted from the plaintiff's criminal conduct or the plaintiff consented to the abortion.

Subsection (c)(2) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (c)(2) of the new section 1531 proposed in Section 3(a) of the House amendment and paragraph (c)(2) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (c)(2), in paragraph (A) provides that such relief shall include money damages for all injuries, psychological and physical, occasioned by the violation of this section; and in paragraph (B) that statutory damages equal to three times the cost of the partial-birth abortion.

Subsection (d)(1) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (d)(1) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (d)(1) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (d)(1) allows a defendant accused of an offense under this section to seek a hearing before the State Medical Board on whether the physician's conduct was necessary to save the life of the mother whose life was endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself.

Subsection (d)(2) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (d)(2) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (d)(2) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (d)(2) provides that the findings on that issue are admissible on that issue at the trial of the defendant. It also provides that upon a motion of the defendant, the court shall delay the beginning of the trial for not more than 30 days to permit such a hearing to take place.

Subsection (e) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (e) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (e) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (e) provides that

a woman upon whom a partial-birth abortion is performed may not be prosecuted under this section, for a conspiracy to violate this section, or for an offense under section 2, 3, or 4 of this title based on a violation of this section.

Subsection (b) in Section 3 of the conference report is identical to subsection (b) in Section 3 of the House amendment and subsection (b) in Section 3 of the Senate bill. Subsection (b) is a clerical amendment to insert the new chapter in the table of chapters for part I of title 18, after the item relating to chapter 73.

Section 4 of the Senate bill had no counterpart in the House amendment, and it is not included in the substitute agreed to by the managers.

F. JAMES SENSENBRENNER,  
HENRY HYDE,  
STEVE CHABOT,

*Managers on the Part of the House.*

ORRIN HATCH,  
RICK SANTORUM,  
MIKE DEWINE,

*Managers on the Part of the Senate.*

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#### REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 3193

Mr. PORTER. Mr. Speaker, I ask unanimous consent to have my name removed as a cosponsor of H.R. 3193. My name was added to the list of cosponsors inadvertently.

The SPEAKER pro tempore (Mr. GILCREST). Is there objection to the request of the gentleman from Nevada? There was no objection.

#### ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDI- CARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Mr. CASE. Mr. Speaker, subject to rule XXII, clause 7(c), I hereby announce my intention to offer a motion to instruct on H.R. 1, the Medicare prescription drug bill.

The form of the motion is as follows:

Mr. CASE moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed as follows:

(1) The House recede to the Senate on the provisions to guarantee access to prescription drug coverage under section 1860D-13(e) of the Social Security Act, as added by section 101(a) of the Senate amendment.

(2) To reject the provisions of section 501 of the House bill.

(3) The House recede to the Senate on the following provisions of the Senate amendment to improve rural health care:

(A) Section 403 (relating to inpatient hospital adjustment for low volume hospitals).

(B) Section 404 (relating to medicare disproportionate share adjustment for rural areas), but with the effective date applicable under section 401(b) of the House bill.

(C) Section 404A (relating to MedPAC report on medicare disproportionate share hospital adjustment payments).

(D) The following provisions of section 405 (relating to critical access hospital improvements):

(i) Subsection (a), but with the effective date applicable under section 405(f)(4) of the House bill.

(ii) Subsection (b), but with the effective date applicable under section 405(c)(2) of the House bill.

(iii) Subsections (e), (f), and (g).

(E) Section 414 (relating to rural community hospital demonstration program).

(F) Section 415 (relating to critical access hospital improvement demonstration program).

(G) Section 417 (relating to treatment of certain entities for purposes of payment under the medicare program).

(H) Section 420 (relating to conforming changes relating to Federally qualified health centers).

(I) Section 420A (relating to increase for hospitals with disproportionate indigent care revenues).

(J) Section 421 (relating to establishment of floor on geographic adjustments of payments for physicians' services).

(K) Section 425 (relating to temporary increase for ground ambulance services), but with the effective date applicable under the amendment made by section 401(2) of the House bill.

(L) Section 426 (relating to appropriate coverage of air ambulance services under ambulance fee schedule).

(M) Section 427 (relating to treatment of certain clinical diagnostic laboratory tests furnished by a sole community hospital).

(N) Section 428 (relating to improvement in rural health clinic reimbursement).

(O) Section 444 (relating to GAO study of geographic differences in payments for physicians' services).

(A) Section 402 (relating to immediate establishment of uniform standardized amount in rural and small urban areas).

(B) Section 403 (relating to establishment of essential rural hospital classification).

(C) Subsections (a), (b), (d), and (e) of section 405 (relating to improvements to critical access hospital program).

(D) Section 416 (relating to revision of labor-related share of hospital inpatient pps wage index).

(E) Section 417 (relating to medicare incentive payment program improvements).

(F) Section 504 (relating to wage index classification reform).

(G) Section 601 (relating to revision of updates for physician services).

(H) Section 1001 (relating to medical disproportionate share hospital (DSH) payments).

#### ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 1308, TAX RELIEF, SIMPLIFICATION, AND EQUITY ACT OF 2003

Mr. DAVIS of Alabama. Mr. Speaker, subject to rule XXII, clause 7(c), I hereby announce my intention to offer a motion to instruct on H.R. 1308, the child tax credit bill.

The form of the motion is as follows:

Mr. DAVIS of Alabama moves that the managers on the part of the House in the conference on the disagreeing votes of the two Houses on the House amendment to the Senate amendment to H.R. 1308 be instructed as follows:

1. The House conferees shall be instructed to include in the conference report the provision of the Senate amendment (not included in the House amendment) that provides immediate payments to taxpayers receiving an additional credit by reason of the bill in the same manner as other taxpayers were entitled to immediate payments under the Jobs and Growth Tax Relief Reconciliation Act of 2003.