

drugs which can lead them down a tragic path, and that is why we need to educate people.

There is one other subject I wanted to address, and I hope the FDA and this administration will look at it very seriously, and that is the professionals on advisory committees. When an opioid is coming to market, I believe and I believe a lot of Americans believe that this goes through a review process. These professionals basically are looking at this, and they make a recommendation as to whether this drug should be on the market, the need for this drug, and the effect this drug will have on people's lives. If they rule against this drug—and let's say they have an 11-to-2 ruling, such as Zohydro did—then the request for that drug to come to market should have to come before Congress. The FDA—the director and the staff—needs to basically come and explain to Congress why this potent drug needs to come on the market when basically their advisory committee and those people who are the professionals basically agree not to let it come to market.

This is a conversation that has to be had. We have to make sure we understand why we are putting all of these products on the market and the effect they are going to have on the public. That is another topic we hope to address also as this bill comes to the floor.

The bottom line is that I am pleased the Senate is working in a bipartisan manner. This is how we need to work to solve the major challenges our country faces. By working in a bipartisan way, we will have, as I understand, an open amendment process which is so needed and critical to move this legislation through. I appreciate that.

I believe my amendments will strengthen this bill, but I also believe more needs to be done. We must provide the critical resources needed to stem this tide. I look forward to working with my colleagues to strengthen this bill and to begin to address this crisis head-on.

This country has faced every crisis we have ever had, and we have overcome it. This is one we haven't attempted. For some reason, it is a silent killer—out of sight, out of mind. It will take all of us being Americans and basically using our faith that we have that we can fix these problems, to save Democrats, save Republicans, save Independents, and save everybody. This cannot be a partisan issue because I can tell my colleagues that opiates and the addiction of opiates have no partisan home. It is truly bipartisan. It attacks us all.

I appreciate my colleagues, and I look forward to working with them to work through this important piece of legislation.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

#### WOMEN'S RIGHT TO HEALTH CARE

Mr. BROWN. Madam President, this week the Supreme Court—which is lacking a ninth Justice for the foreseeable future for reasons that most of the American public doesn't understand since my fellow Senators—my Republican colleagues—simply refuse to do their job—will hear arguments on yet another case that threatens women's right to health care. The case the Supreme Court will hear on Wednesday—*Whole Women's Health v. Hellerstedt*—originated in Texas, but, as all Supreme Court cases do, this case has implications for the entire country. It is part of a sustained, coordinated attack on women's right to make personal, private health care decisions for themselves. It is Big Government reaching into women's homes and bedrooms, getting between the women and their health care providers, between the women and their religious counselors; it is reaching into women's homes, telling women that they no longer have the right to make personal, private health care decisions for themselves and to access safe and affordable care.

If the Court rules in favor of the Texas law, which has closed health clinics across the State—imagine that. You are a legislator taking an oath of office in Austin, TX, to do the best you can for your State, and you pass legislation that closes health clinics not for financial reasons but for ideological reasons. So if the Court rules in favor of this Texas law, which, as I said, closes health clinics across the State, it will set a dangerous precedent that could lead to more clinic closures across this country. My interest is especially Ohio. Ohio will be weakened by this too.

These clinics are often the only place women and men have to turn for their basic health services. Most of the health care women are getting at these clinics has nothing to do with abortions, but it is the kind of care that women need in these clinics. Millions of women rely on Planned Parenthood and other clinics like it for lifesaving screenings, for testing, for preventive care, and for treatment.

In Ohio, Planned Parenthood centers provide health care services to 100,000 men and women each year. Many of them have nowhere else to turn. Many of them are moderate-income women. Many of them are women working two jobs. Many of them go to Planned Parenthood because, first, it gives good care; second, it takes care of them in kind, decent, empathetic ways; and third, it is what they can afford. They either cannot afford health care elsewhere or they live too far away to have access to health care.

A new law in Ohio threatens that access. The bill was passed by the Ohio Legislature and signed by Governor Kasich—that is Governor Kasich of Presidential primary fame, Presidential Republican debate fame. The bill, which was signed by Governor Kasich a week ago, will strip Federal funding not only from Planned Parenthood—why they would want to do that is all about ideology and playing to their far-right political base—will strip Federal funding not only from Planned Parenthood but any health care facility that could be perceived as “promoting” safe and legal abortion. But these health care clinics are mostly not about abortion; they are about providing health care to women—mostly to women. This includes health clinics that simply work with other providers to refer women to other facilities so that women can make decisions that should be between them and their doctors.

Now, I repeat, so many of my colleagues love to talk about Big Government, but when Big Government—mostly a bunch of privileged—if I may, privileged, White men on the other side of the aisle, mostly—when they want to inject themselves between women and their doctors, between women and their families, between women and their religious counselors, it strikes me as—let's just say hypocritical.

We are talking about a rule that is far, far more sweeping than just defunding—that is what they like to say, “defunding”—Planned Parenthood.

If you are watching the Republican debates week after week, even when they sound like food fights, which it did last week—when you are watching these debates, you can see that whenever one of these White, privileged men—candidates running for President and one other privileged African-American man running for President on the Republican side—whenever they say “defund Planned Parenthood,” the crowd goes wild. They play to that base to defund Planned Parenthood, that base that for whatever reason, with their ideological agenda, doesn't seem to care much about women's health.

Let's be clear. This isn't about defunding abortion. The Federal Government doesn't provide funding for abortion, period. I will say that again. The Federal Government does not provide funding for abortion, period.

Health officials in Ohio—health officials that play it straight, which is 99-point-something percent of providers—real doctors, real health providers, real health care officials are scared that the new law could take funding away from local health departments, if we can imagine that. The director of public health policy in Columbus—the State's capital—told the Columbus Dispatch that the law would have a “significant impact” on their department's ability to coordinate with hospitals and insurance companies.

So stand back for a second and see what they are doing. A bunch of right-wing, privileged, mostly White men in the legislature have decided that their political agenda trumps everything else, and they are willing to follow their—so that they can play to their far-right base, they are willing to jeopardize women's health. They are willing to go right up against what the Columbus Dispatch says—few papers in America are more conservative—when they talk about a significant impact on the department's ability to coordinate with hospitals and insurance companies. Why would they do that? They do it because they are playing to this far-right base who votes overwhelmingly in primaries.

The director said that because the bill is so broadly written, “we wouldn't be able to work with any hospital in our jurisdiction.”

This Ohio law explicitly targets critical health and health education services for women. Don't take my word for it; all you have to do is read the bill. This chart shows that it prohibits Ohio clinics and hospitals from using Federal dollars—and I am quoting directly from the bill—for any of the programs established by the Violence Against Women Act, the Minority HIV/AIDS Initiative, the Infertility Prevention Project, the Personal Responsibility Education Program, and the Breast and Cervical Cancer Mortality Prevention Act. Think about that—the Mortality Prevention Act. This bill prohibits Ohio clinics and hospitals from using Federal dollars to implement these laws.

It means no Federal dollars for the program administered by the Administration for Children and Families in the Department of Health and Human Services to educate adolescents on abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases. So this legislation that Governor Kasich signed that these privileged, mostly White men in the State legislature—politically far to the right, the majority of the State legislature—the bill they passed and Governor Kasich signed would mean that we wouldn't be able to use the Federal dollars we have to educate adolescents on abstinence and contraception for the prevention of pregnancy and sexually transmitted infections.

So what are they doing? The extremists on the other side are saying no Federal dollars for abortion. There aren't Federal dollars for abortion. But they are saying no Federal dollars to preach abstinence and to educate young people about abstinence and sexually transmitted diseases. So what are they doing and why are they doing this to the women in Ohio?

This law bars women from accessing cancer screenings, fertility services, AIDS prevention, and help coping with abuse and violence. Do these far-right members of the legislature know no low-income or moderate-income young women? Do they know no teenagers, no

female teenagers and young male teenagers, too, who maybe could benefit from some of these programs, including abstinence education, learning about contraceptives, and learning about how sexually transmitted diseases are in fact transmitted?

I support a woman's right to make personal, private health care decisions for herself with her doctor. But no matter your personal feelings about abortion, surely we can agree—although the legislature can't in my State—surely we can agree that cancer screenings and programs that have helped bring Ohio's teen pregnancy and STD rates down are a good thing.

I would say that Ohio right now—and this is embarrassing for me to say on the Senate floor in front of colleagues—my State is 50th for Black babies and infant mortality and 47th overall in infant mortality. We are 47th overall, 50th for Black infant mortality.

The legislature underfunds public health, and they then undercut—because of this legislature's action with Governor Kasich's signature—they undercut the Violence Against Women Act, they undercut minority HIV and AIDS education, they undercut the personal responsibility education program, they undercut breast and cervical cancer mortality prevention, and they undercut infertility prevention projects. I just don't get it.

The ACTING PRESIDENT pro tempore. The Senator's time has expired.

Mr. BROWN. Madam President, I ask unanimous consent for an additional 5 minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. BROWN. A woman in New Carlisle wrote to me saying:

There was a time when I could not find full-time employment, I did not have health insurance, and I also was not eligible for any assistance from the government. My husband and I were newly married and trying to build a responsible life together.

I was 21. I had a family history of breast cancer and ovarian cancer, so access to healthcare was crucial for me. Planned Parenthood was the only place that would help me look after my health and plan my own family and lifestyle in a way that I could afford.

Another woman went on to say: “Planned Parenthood made an impoverished young woman feel safe and comfortable and valued.”

Another woman in Boardman, OH, wrote: “Along with many other women, I was treated at Planned Parenthood, and I received a referral to a specialist, which saved my reproduction.”

Another woman wrote saying that she had a child at 13 and gave up the child for adoption. After that she made the choice to get educated about family planning and birth control. She couldn't afford to go to a family doctor, so Planned Parenthood was where she turned to make sure she never had to go through that experience again.

A young woman from Columbus told the Canton Repository newspaper that

while she was speaking at the statehouse. Half of the lawmakers looked like they were about to fall asleep. Many were looking at their cell phones. They didn't want to listen to a young, low-income woman talk about her personal life and what Planned Parenthood meant to her.

What is happening is not all that different in Ohio than across the country. There is an organized attack on women's rights to make health care decisions for themselves. It is not about health or safety. Look at these examples. It is about politicians thinking they know better than women and their doctors. It is happening as we speak. These so-called TRAP laws in Ohio and in dozens of other States have created gaps in care that threaten women's ability to see the providers of their choice.

Health clinics in Texas have shut their doors. If the Supreme Court upholds the Texas law being challenged, the remaining clinics in the State may be forced to turn their patients away for good.

#### FILLING THE SUPREME COURT VACANCY

Mr. BROWN. Madam President, in the last 2 minutes I would like to say a few more words about the Supreme Court vacancy.

Four former U.S. attorneys from Ohio, Washington State, California, and Virginia published an op-ed that went around the country urging the Senate to promptly consider a Supreme Court nominee to replace Justice Scalia.

I ask unanimous consent to have printed in the RECORD the writings of the former U.S. attorneys.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Steve Dettelbach, Jenny Durkan, Melinda Haag and Tim Heaphy are Democratic former U.S. attorneys for, respectively, Northern Ohio, Western Washington, Northern California and Western Virginia. As former U.S. attorneys in diverse districts that are home to more than 20 million Americans, we urge that the president promptly nominate, and the Senate promptly consider, a Supreme Court nominee to replace Justice Antonin Scalia. Both the plain language of the Constitution and plain truths regarding public safety and national security demand that result.

For federal prosecutors, agents and criminal investigations, a year is a lifetime. We have seen real threats, whether it is the heroin epidemic or the threat of ISIS recruitment, facing the people in our communities each day.

While law enforcement stands ready to protect the public from those threats, they need to know the rules of the road. Uncertainty about those rules impedes their efforts. Just as with the economy, uncertainty prevents good agents and prosecutors from deciding on investigative strategies and tactics, and making important charging decisions. The Supreme Court is the ultimate arbiter of the hardest and most important questions facing law enforcement and our nation.