

a good job, I will be the first to praise him. If he backs off or takes some temporary measure in decreasing the balance of trade but doesn't change China's structural rapaciousness against the United States and our intellectual property and our industrial know-how, he will be criticized by me and many others on both sides of the aisle.

S. 311

Mr. SCHUMER. Madam President, a word on today's vote on women's reproductive rights: The bill the Senate will vote on shortly is carefully crafted to target, intimidate, and shut down reproductive healthcare providers. Doctors across this country—Democratic doctors, Republican doctors—are lining up against the bill because it would impose requirements on what type of care doctors must provide in certain circumstances, even if that care is ineffective, contradictory to medical evidence, and against the family's wishes.

My Republican colleagues have said some incendiary things about opposing this bill. Let me be very clear. Many of these claims are false. It has always been illegal to harm a newborn infant. This vote has nothing—nothing—to do with that. Read the language. We are talking about situations when expectant parents tragically learn their pregnancy is no longer viable, and there is a fatal diagnosis. What happens in those circumstances should be decided between a woman, her family, her minister, priest, rabbi, imam, and her doctor.

It makes no sense for Washington politicians who know nothing about individual circumstances to say they know better than the doctors or the patients and their families. The bill is solely meant to intimidate doctors and restrict patients' access to care and has nothing—nothing, nothing—to do with protecting children.

Last Friday, the administration announced it was imposing a gag rule on U.S. reproductive healthcare providers and trying to restrict access to healthcare clinics that provide reproductive care. So this vote doesn't occur in a vacuum. It is part of a pattern of actions taken by President Trump and congressional Republicans to limit, deny, or circumscribe a woman's right to healthcare.

I urge the American people to do their own research, read the bill, and see what it says. Most of you will agree with it. Pay attention to the facts and not the false rhetoric. This bill is Washington politics at its worst. I will vote no.

VICTIMS OF 9/11 COMPENSATION FUND

Mr. SCHUMER. Finally—and this time it is finally, I say to my good friend from Nebraska—I turn the attention of my colleagues to a harrowing fact: We are vastly approaching the point where more people

will have died from exposure to toxic chemicals on 9/11 than were killed on 9/11 itself. These are the first responders, firefighters, police, and FBI agents who rushed to the towers that fateful day, ran into the fire, smoke, and twisted steel, risking their lives and, later, we learned, risking their health to get people out. These are the union members and construction workers who worked at the pile, breathing in a toxic blend of ash and dust in the days and weeks and months that followed. These are the people, the innocents, who lived downtown when the United States was attacked in the most dastardly attack on American soil.

Right now we have a problem. While these folks are heroes and, sadly, many are suffering—because of the alarming number who are suffering from 9/11-related illnesses, the victim compensation fund is running out of money earlier than expected. The Justice Department recently announced that it might have to cut compensation awards between 50 and 70 percent.

So today I was proud to join Senators GILLIBRAND and GARDNER, as well as a group of our colleagues in the House, to introduce legislation to fix the shortfall of funding and put the victims' compensation fund on sure footing for the foreseeable future.

I urge all of my colleagues, Democrat and Republican alike, to sign on and help us pass this bill and give some hope to the thousands who were brave on 9/11 and who are suffering now.

I yield the floor.

BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT—MOTION TO PROCEED—Resumed

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 311, which the clerk will report.

The senior assistant legislative clerk read as follows:

Motion to proceed to S. 311, a bill 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.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. SASSE. Madam President, I ask unanimous consent that the time until 5:30 p.m. today, including quorum calls, be equally divided between the two leaders or their designees.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SASSE. Madam President, I just listened to the senior Senator from New York—my friend from the gym and the minority leader—deliver some summaries of what he said was in the bill before us, and he implored this body and implored the people watching on C-SPAN to read the bill, stating they would find that all of these terrible things are in the bill.

I see the minority leader has to leave the floor now, but, humbly, I would

urge him to come back and show us where any of what he just said is in this bill. What he said wasn't true.

I rise today for a simple purpose. I want to ask each and every one of our colleagues whether we are OK with infanticide. This language is blunt. I recognize that, and it is too blunt for many people in this body, but, frankly, that is what we are talking about here today.

Infanticide is what the abortion survivors—Born-Alive Abortion Survivors Protection Act is actually about.

Are we a country that protects babies who are alive, born outside the womb after having survived a botched abortion? That is what this is about.

Are we a country that says it is OK to actively allow that baby to die, which is the current position of Federal law? That is the question before us, plain and simple.

Here are the facts. We know that some babies, especially late in gestation, survive attempted abortions. We know, too, that some of these babies are left to die—left to die. No further protections exist today to shield them from this ugly fate, and only some States have protections on their books. We have seen in our national discourse over the last month and a half a few States moving in different ways to undo protections that some of these babies have had at the State level.

The Born-Alive Abortion Survivors Protection Act is trying to right this obvious wrong. The bill's terms are simple: A child born alive during a botched abortion would be given the same level of care that would be provided to any other baby born at that same gestational age. That is it.

This bill isn't about abortion. I am pro-life—unapologetically pro-life—but this bill is not about anything that limits abortion. This bill doesn't have anything to do with *Roe v. Wade*. This bill is about something else. What this bill does is try to secure basic rights, equal rights for babies who are born and are outside the womb. That is what we are talking about.

Over the course of the next hour, as this is debated on the floor, people are going to say a whole bunch of other things. I would ask them to please bring the text of the bill to the floor when they do it and show us whether there is anything about limiting abortion in this bill.

This bill is exclusively about protecting babies who have already been born and are outside of the womb. Every baby deserves a fighting chance, whether that 24-week old baby, fighting for air and fighting for life, having just taken her first breaths, is at an abortion clinic where she survived a botched abortion or she is in a delivery room at the local hospital. Both of those babies are equally deserving of care, protection, and humane treatment, and our laws should treat both of these human beings as babies because they are babies. They have been born, and they are outside of the womb.

This really should not be controversial. In fact, my colleagues actually talk this way all of the time. This place feels like about one-third of the people here are currently running for President, so I would like to quote a few of them over the course of the last couple months.

We ought to “build a country where no one is forgotten, and no one is left behind.” Amen to that. Amen to that.

“The people in our society who are most often targeted by predators are also often the voiceless and the vulnerable.”

That is true.

Another offered a promise to “fight for other people’s kids as hard as I fight for my own kids.”

Last week, our colleague from Vermont announced his campaign by saying: “The mark of a great Nation is . . . how it treats its most vulnerable people.” BERNIE SANDERS was right.

Now is the chance, in this body, to make good on that promise. Now is the chance to protect one of the most vulnerable populations on the land imaginable—tiny, defenseless, little babies, just having taken their first breath—or was that claptap for the campaign trail or sound-bites? Or do people mean the stuff they say around here?

Let’s put it another way. Today’s vote asks whether or not you want to take the side of people like Virginia’s disgraced Governor Ralph Northam?

Last month, before the news of his hideous yearbook broke, Governor Northam made clear that a baby born alive during an abortion could and maybe ought to be killed if that is what the parents and doctors decided they wanted to do after a debate. That was his position: You should make the baby “comfortable,” and then there could be a discussion about whether or not you throw that little baby into the trash can. That is what he actually talked about on the radio for a day and a half last month.

Governor Northam is disgraceful for a whole host of reasons, but unlike some other people, he actually told the truth about what he wants. He wants a society where some people count more than others, and other people are worth less than others. He wants a society where some people can be pushed aside if they are inconvenient. In reality, that is what we are voting on today.

Some of my colleagues want to write into our law a kind of permanent exception: “Every human being should be protected from cruel and inhuman treatment—unless that human being came into the world through a botched abortion.” Then, you can decide later if you want to kill them.

Tonight, what we are going to vote on in the Born-Alive Abortion Survivors Protection Act is a chance to see whether we are serious when people around here say they want to protect the innocent, speak up for the voiceless, and defend the defenseless. Tonight, we are going to have the oppor-

tunity to do exactly that. We can come to the aid of innocent, voiceless, defenseless little babies who have just taken their first breaths by protecting him and her from mistreatment and neglect.

This should be, frankly, the easiest vote we ever cast in this body, but the prospect of what we are voting on here is threatening to one of the most powerful interest groups in America. The abortion industry has taken to attacking this bill wildly over the course of the last 2 weeks, even though, as we made clear repeatedly and as the text of this bill makes indisputably clear, this bill has nothing to do with abortion itself. Nothing in this bill changes the slightest letter of *Roe v. Wade*. Nothing touches abortion access in this bill.

This bill is about living and breathing babies who are alive outside the womb. That is all that the text of this bill does, but Planned Parenthood and NARAL and their allies feel threatened by a bill to protect alive, out-of-the-womb babies. In other words, unlike this legislation, Planned Parenthood and others refuse to draw any line between abortion and infanticide. That is what their lobbying the last week has shown. That should tell us something about what these groups are really about. What they are about is a society built on power—the power of some people to decide whether other people get to live or die.

This bill is a stumbling block to anyone who thinks that some lives are less valuable than others. This bill is a stumbling block to anyone who thinks that certain human beings should be disposable. This bill is a stumbling block to anyone who thinks that we should be able to quietly rid ourselves of little people who were “inconvenient” or supposedly “unwanted.”

They are not unwanted. There are lots of people in every single State in this Union lined up waiting to adopt, including kids who have lots of hard life circumstances. In every State there are waiting lists of people who will take so-called unwanted babies.

America is a country built on a different principle. Ours is a country dedicated to the proposition that all men and women—all boys and girls—are created equal, even the littlest—even if they happen to come into the world under the most horrible circumstances, even if they are crippled or inconvenient, or, apparently, for a moment, unwanted. Ours is a country that recognizes the fundamental indistinguishable dignity of every human being, regardless of race, or sex, or creed, or ability. As a country, we have struggled for 2 centuries—sometimes at enormous cost—to extend those basic human rights to more and more of our fellow citizens. Today’s vote is simply an opportunity to continue that work.

Let me say by way of closing that despite oppositions and setbacks and despite some strange rhetoric about this bill over the course of the last week, I

am hopeful in the long term. Deep down, each of us knows that every member of our human family ought to be protected and deserves to be cherished and loved. The love we see every day in the eyes of moms and dads for their newborn babies is an inescapable reminder of that fundamental truth. Love is stronger than power.

Thank you, Madam President.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Madam President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

BLACK HISTORY MONTH

Mr. CASEY. Madam President, I rise today, in commemoration of Black History Month, to recognize, honor, and pay tribute to five Pennsylvanians who have committed themselves to creating innovative solutions to our Nation’s most pressing problems.

For 13 years, I have stood on this floor on this Monday, every year, to pay tribute to Pennsylvanians. Sometimes it has been one individual, and sometimes it has been more than one, but today we have five honorees.

While these innovators hail from different backgrounds and have each mastered a different craft, they share one thing in common, and that is a commitment to their communities and to improving the lives of others in groundbreaking ways.

Today, we will honor the individual work of the following people. I will list them for you first and then talk about each of them in succession: first, the Reverend Dr. Lorina Marshall-Blake; second, Joan Myers Brown; third, Sulaiman Rahman; fourth, Rakia Reynolds; and fifth, Omar Woodward. You will hear more about each of them in a moment. There is no one way, of course, to make a difference in our society. I hope the stories of today’s honorees will help to inspire the next generation of leaders. These honorees are with us here in Washington today, and we are grateful to have the chance to spend a couple of minutes talking about each of them.

Let me start with the Reverend Dr. Lorina Marshall-Blake, someone I have known for a long time. This is the story of a woman who has spent her life working to build healthier communities by advancing the conversation on issues like the opioid crisis and health disparities in our Nation, just to mention two things.

Lorina Marshall-Blake’s life began in West Philadelphia, alongside her sister and three brothers. She excelled in her education, earning degrees from Antioch College and the University of Pennsylvania.

Today, Lorina is vice president of community affairs for Independence Blue Cross and also president of the Independence Blue Cross Foundation. Lorina has spent the better part of 30 years working to improve access and healthcare outcomes for those across

the region of Southeastern Pennsylvania, which is Philadelphia and the counties and communities around the city of Philadelphia. Her faith-driven work continues outside of the office, where she serves as an associate minister at the Vine Memorial Baptist Church.

Lorina is affiliated with over 30 professional and civic organizations. I will just mention a few: The United Negro College Fund, the Greater Philadelphia Chamber of Commerce, and the Urban Affairs Coalition. While the health and well-being of our Nation is not perfect, it is in great part thanks to women like Lorina Marshall-Blake that the future of healthcare and the future of access to healthcare is only brighter.

The second individual we are honoring is Joan Myers Brown. We all know that art itself has the power to enrich lives and inspire change. At the age of 17, Joan Myers Brown decided she was going to be a professional ballerina. She refused to let pervasive racism and segregation stop her from touring as a member of dance revues for Cab Calloway, Pearl Bailey, and Sammy Davis, Jr.

After excelling in her own right, she decided she wanted to give opportunity to others. To that end, in 1960, Joan Myers Brown started her own dance school in West Philadelphia called the Philadelphia School of Dance Arts. Building on that work, she founded the Philadelphia Dance Company in 1970. This dance company was created to provide opportunities for Black dancers who were systemically denied entrance to local schools. The company continues to be recognized across the world for its dancers and for its performances.

Personally, Joan is an industry icon in both the national and international art communities. For example, in 2005, the Kennedy Center honored her as a master of African-American choreography, and in 2009, she received the prestigious Philadelphia Award. In 2012, she received the National Medal of the Arts, the Nation's highest civic honor for excellence in the arts. The arts have benefited greatly from Joan Myers Brown.

Third is Sulaiman Rahman. No individual's success is achieved alone. We know that, and many in Philadelphia and beyond owe some of their success to Mr. Rahman. He has dedicated his life to empowering young professionals to personal and professional success.

After graduating from the University of Pennsylvania, Sulaiman started his career as an entrepreneur. He founded a platform for urban professionals to find local social, civic, and business events, and he successfully built an international marketing and distributing business.

With the goal of ending the opportunity gap for people of color, Sulaiman created the Urban Philly Professional Network and, later, DiverseForce, and the DiverseForce on Boards program. Every day he works to

empower and connect the diverse leaders from multiple sectors and communities. He creates high-tech solutions to impact a more diverse business culture.

When he is not running DiverseForce, he is serving on a number of boards, including the Community College of Philadelphia Foundation, TeenSHARP, and the Year Up Greater Philadelphia Chapter.

Rakia Reynolds. We know that some of our Nation's greatest successes have been born out of interdisciplinary collaboration. Few in the Commonwealth of Pennsylvania know how to bring people together for new opportunities like Rakia Reynolds. From her earliest days as a child reading the book "A Wrinkle in Time," she has always been committed to making things happen.

She is a New Jersey native. She moved to Philadelphia to pursue a degree at Temple University. After working as a television and magazine producer, she started her own company, Skai Blue Media.

Among other ventures, she helped to craft Philadelphia's Amazon bid and continues to advise and grow small businesses of all types. She gives back to her community as the copresident of the Philadelphia chapter of Women in Film & Television and serves as a board advisor for Fashion Group International and the National Association for Multi-Ethnicity in Communications.

In addition to her full-time work in multimedia communications, Rakia is a wife to her best friend, her husband Bram, and mother to her three amazing children.

Finally, our fifth honoree is Omar Woodward. Like many of today's successful leaders, Omar Woodward understands the importance of social enterprises and knows how to look beyond what meets the eye.

Omar is a Southeastern Pennsylvania native. He is the executive director of the Philadelphia branch of the GreenLight Fund, a nonprofit venture capital firm that invests in evidence-based social innovations focused on ending poverty.

At the GreenLight Fund, Omar is investing millions of dollars to address the needs of many Philadelphians, including bringing formerly incarcerated individuals back into the job market, helping low-income children receive quality care, and ensuring that those who were eligible have access to public assistance programs.

Widely recognized for his expertise in nonprofit board governance, Omar is also a board member of the Philanthropy Network Greater Philadelphia, the Global Philadelphia Association, the Maternity Care Coalition, and the Girard College Foundation, and he holds multiple degrees from George Washington University.

In closing, these five individuals have overcome significant barriers to become pioneers in their fields and leaders in their communities. Throughout

their careers, these innovators have recognized gaps within communities, developed creative ideas, and brought these ideas to life by using their determination, their passion, and their talent. We celebrate Black History Month to commemorate the great leaders of the past but also to celebrate the leaders of today and the leaders of tomorrow—the future.

It is my honor to recognize and to pay tribute to the Rev. Dr. Lorina Marshall-Blake, Joan Myers Brown, Sulaiman Rahman, Rakia Reynolds, and Omar Woodward for their work in creating a stronger, more innovative Philadelphia. I look forward to the work these leaders will continue to do and the impact their work will have on the city of Philadelphia, our Commonwealth, and our Nation.

I thank the Presiding Officer.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Nebraska.

S. 311

Mrs. FISCHER. Madam President, I rise to voice my full support for the Born-Alive Abortion Survivors Protection Act, offered by my colleague from Nebraska.

Today's vote on this important bill is going to give every Member of the Senate a chance to show America where one stands on the basic right of care for newborn babies.

Throughout my career in public service, I have been a strong supporter of pro-life policies that show compassion to women and children. During my time in the Nebraska Legislature, we passed the first statewide ban on abortion procedures after 20 weeks. Members from all points of the political spectrum—Republican, Democratic, pro-life, and pro-choice—came together to support that bill. We have the opportunity today to come together—Republicans and Democrats—to stand up for the lives of newborn infants in the U.S. Senate.

The Born-Alive Abortion Survivors Protection Act protects the lives of children who survive attempted abortions. Simply put, if a baby survives an abortion, he or she deserves the same medical care as any other child who is born prematurely. Without question, newborns deserve care, attention, and love. This should not be a divisive issue. This is an issue that is fundamental to what it means to be an American citizen and, more so, what it means to be a human being. Our Founding Fathers believed, unequivocally, that every person born in the United States has a right to life, liberty, and the pursuit of happiness. The Born-Alive Abortion Survivors Protection Act should be, without any doubt, a measure that is passed in the Senate.

Like most Nebraskans, I have been deeply disturbed by the actions in Virginia, New York, and the new extremes that have been pushed in the ensuing national debate that it is OK to deny newborn abortion survivors medical

care. As we all know, a bill was introduced in the Virginia House of Delegates that would make it easier to get a third-term abortion. When discussing this legislation, the Governor of Virginia recently made extremely disturbing comments in defending the bill and promoting infanticide when he described the process of an abortion procedure taking place while a mother was in labor. These policies and lines of thought fly in the face of our core values, and they have to end.

In leading up to the vote today, critics across the aisle have mounted a campaign of misinformation to try to knock this bill off course. To be clear, this legislation does not set any limits on the rights of one to obtain an abortion or abortion procedures or methods. The Born-Alive Abortion Survivors Protection Act would ensure that if newborns survive abortions, then they would receive the same care and the same attention to their health as would any other newborn. Newborn children should never be treated without basic human rights or the full protection of our laws because they are not wanted, especially when reports have estimated that nearly 2 million couples in the United States are currently waiting to adopt children—2 million.

There is simply no excuse for an infant not to receive lifesaving care. We live in a nation that was founded upon the basic rights of dignity, self-worth, and equality for every human being. In 2002, the Born-Alive Infants Protection Act passed the House of Representatives by a voice vote; it passed the Senate by unanimous consent; and it was signed into law by President Bush. We have the chance right now to build upon that 2002 consensus that those who survive abortions are, in fact, people and to clarify that they deserve medical care. We can come together today to support this sound policy once more. We can clarify, in light of the extremism we have seen displayed recently, that newborn abortion survivors deserve medical care.

I thank my fellow Nebraskan for his good work on this bill, and I will be voting to affirm that children deserve protection at every stage of life.

I ask all of my colleagues in the Senate to support this measure and to vote in favor of this important bill that is before us.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. SMITH. Madam President, I rise to join Senator MURRAY and my colleagues in standing up for doctors and patients in my home State of Minnesota and across the country.

S. 311 puts Congress in the middle of the important medical decisions that patients and doctors should make together without having political interference. It would compel physicians to provide unnecessary medical care. It would override physicians' professional judgments about what is best for their

patients, and it would put physicians in the position of facing criminal penalties if their judgments about what is best for their patients are contrary to what is described in this bill.

Colleagues, let me be clear. For women, this is a healthcare issue, not a political issue, and this bill, I fear, interferes with the doctor-patient relationship, which should worry us all. We can all agree that people deserve the best medical care based on their individual needs and their doctors' best medical advice. This is how our medical system is supposed to work—physicians and patients making decisions together that are based on patients' individual needs.

Everybody is different. For example, any oncologist will tell you that each cancer patient's treatment is different. Treatment plans depend on the type of cancer and how advanced the cancer is. Decisions about cancer treatments also depend on each person's age and lifestyle and individual circumstances. The same is true when it comes to pregnancy. Any obstetrician will tell you that every pregnancy is different and that when complications arise, they can completely change the course of treatment. In that moment, women and their families and their doctors are the only ones who are able to make decisions about what is best for a woman and her pregnancy.

Think about what this means in real life. In August of 2016, Tippy, who is from Minnesota and has agreed for me to share her story, was pregnant and, with her husband, went to their 20-week ultrasound appointment. They were excited because they thought they were about to find out the gender of their new baby, and they had already bought decorations for the gender reveal party. Instead, Tippy and her husband got devastating news from that ultrasound. Their baby, a boy, had stopped developing properly and would not survive. They would never get to meet him and never get to hold him. The ultrasound revealed not only the tragic news about this much wanted child but also showed a dangerous condition that threatened Tippy's own health. Tippy's placenta was enlarged, and to continue her pregnancy would risk the health of her reproductive system and her ability to have future children of her own.

Tippy, with her family and her doctor, made the difficult decision to have an abortion in order to save her reproductive system. Because she was able to make that medical decision, she was able to have another baby a year later. Tippy and her husband are today the proud parents of an 18-month-old child. When Tippy and her husband made their decision, it was based on guidance from her doctor and what was right for them and the family they hoped to have in the future.

They didn't need politicians to be looking over their shoulders in the doctor's office and telling them what to do. None of us in this body should be in

the business of interfering in that doctor-patient relationship. We don't tell oncologists how to treat their patients; we don't tell emergency room doctors how to save lives; and we shouldn't tell women's doctors how to take care of their patients.

Colleagues, that is what this bill does. It would give politicians in this room the power to make medical decisions for women and their families. This bill intimidates providers and forces physicians to provide inappropriate medical treatment even when it is not in the best interests of their patients or their families.

Colleagues, we should treat women with respect. Decisions about women's healthcare aren't different from decisions about men's healthcare, so why are we treating women differently? This legislation, if it were to become law, would put doctors in an untenable position: Do they follow the law or do they follow their code of professional ethics?

Colleagues, let's get out of the business of dictating medical care for women. Let's continue to trust women and their doctors. I urge my colleagues to oppose this legislation.

I yield the floor.

The PRESIDING OFFICER (Mr. SASSE). The Senator from Iowa.

Ms. ERNST. Mr. President, this evening, as we debate this very important bill, I am hearing two different strategies, two different discussions, about what is actually on the floor in front of us. You see, my colleagues across the aisle are debating a bill that is not in front of us. They are talking about healthcare for women, which is abortion. That is what they are talking about.

This bill does not address abortion. It does not address women's healthcare issues. What this bill does is address the healthcare of a baby who is born alive after a botched abortion. We are not talking about abortion, folks. We are talking about the life of a child who is born. So, while my colleagues across the aisle are saying this is about abortion, that this is about a mother's healthcare, that is absolutely incorrect. We are talking about a human life.

In recent weeks, we have witnessed the ugly truth about the far-reaching grasp of the abortion industry and its ever-increasingly radicalized political agenda. Some politicians have not only defended aborting a child while a woman is in labor but have gone so far as to support the termination of a child after his birth. This assault on human dignity cannot stand. We can and must do better, and we can as a nation do better to defend and uphold the basic values of compassion and decency that define our very society.

I thank the junior Senator from Nebraska for offering this commonsense legislation that addresses this issue in a compassionate manner and provides critical protections for children who are born alive after surviving abortions.

Although previous laws were passed that recognize infants born alive during abortion proceedings as legal persons, there still exists a critical loophole that prevents abortionists from being held accountable for failing to follow these very laws.

This legislation closes the gap and ensures that there are concrete enforcement measures to protect children who survive abortion attempts.

We can all agree that any child who is born alive, whether through a natural birth or a botched abortion, is a living person, a person who is worthy of the utmost dignity, compassion, and respect. This legislation ensures just that by simply requiring healthcare practitioners to treat those babies who survive an abortion attempt with the same degree of care any other baby born at the same gestational age would receive.

This legislation is not meant to punish women or mothers during an often heart-wrenching and difficult experience. In fact, this legislation specifically prohibits mothers from being prosecuted. Instead, this bill quite simply imposes penalties for the intentional killing of a baby who has been born alive.

Today, we have an opportunity to categorically reject infanticide by ensuring that the laws we have on the books preventing this abhorrent practice are meaningfully enforced and that those who fail to follow such laws can be held accountable.

I urge my colleagues to set aside partisanship and support this much needed, compassionate solution. We as a nation can do better. We must protect those babies who are born alive.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I rise today in strong opposition to the legislation that the Presiding Officer has authored. It would significantly interfere with the doctor-patient relationship, and it would pose new obstacles to a woman's constitutionally protected right to make her own decisions about her reproductive health.

Regardless of what the intent of the legislation is, the fact is, the way it is written, it intimidates doctors with the threat of criminal liability for performing safe and legal abortions. It will have a chilling effect on the ability of women to access the services they need in the United States.

We must always remember that abortions that are performed later in pregnancy are most often done as the result of severe fetal diagnoses and the serious risks that pregnancy poses to the life of the mother.

And let's be very clear: This isn't a decision that any woman or family wants to be in a position to make. It is tragic and it is heartbreaking, and efforts to politicize the trauma of women and families who have been forced to make this decision are really shameful, and it sets a dangerous precedent for women's comprehensive healthcare.

By installing new uncertainty and risk of criminal liability into the process for late-term abortions, this legislation increases the risk that women will not be able to get the medical care they need when their pregnancy poses a risk to their lives. This bill ignores those important realities in what appears to be an attempt to score political points with anti-choice groups.

Again and again, at every turn, we have seen this administration and our Republican colleagues push forward policies intended to threaten access to abortion care. Just last week, the Trump administration cut off critical family planning resources for family planning clinics that offer information and referrals for women seeking to obtain legal abortions. If you want to prevent abortions, you want to make sure families have access to family planning. We know that is an important way to reduce the number of abortions in this country.

So we are seeing that this bill is just another line of attack in the ongoing war on women's health. Now more than ever, we need to stand up and help protect women's healthcare and make certain that abortions remain safe and legal.

I urge my colleagues to oppose this legislation and its consideration on the Senate floor.

I yield the floor.

The PRESIDING OFFICER. (Mr. BOOZMAN). The Senator from Hawaii.

Ms. HIRONO. Mr. President, I would like to first thank Senator MURRAY for her steadfast leadership in the fight to protect women's healthcare and for arranging this time for us to speak this afternoon.

The legislation we are debating today is just the latest salvo in the far-right wing assault on a woman's constitutionally protected right to an abortion.

With all due respect to my colleague from Nebraska who introduced this legislation, this bill is a solution in search of a problem. Contrary to what the proponents of this bill argue, it is and has always been a crime to harm or kill newborn babies. People guilty of this crime can already be charged and prosecuted to the full extent of the law.

Let's be clear. The Senate isn't debating this legislation today because there is an epidemic of infanticide in this country. There is not one. There isn't one. I can hardly say it because it is really not happening; therefore, this bill is a solution in search of a problem. Instead, we are indulging the majority's use of a false premise to inflame the public, shame women, and intimidate healthcare providers.

When you strip away the ultra-conservative rhetoric, you are left with a very simple argument from supporters of this legislation—that the moral judgment of rightwing politicians in Washington, DC, should supersede a medical professional's judgment and a woman's decision. Conservative politicians should not be telling doctors how they should care for their pa-

tients. Instead, women, in consultation with their families and doctors, are in the best position to determine their best course of care.

In talking to healthcare providers in Hawaii, I have heard how this legislation and other bills like it in States across the country could force them to provide care that is unnecessary or even harmful to patients. The Hawaii Section of the College of Obstetricians and Gynecologists made this point persuasively in testimony recently submitted to our State legislature's house committee on health earlier this month. In opposing similar so-called born-alive abortion legislation heard in Hawaii's State Legislature—which didn't make it out of committee, by the way—the group of doctors wrote:

We are physicians who provide compassionate, evidence-based care. By criminalizing healthcare providers, this law may actually reduce the number of healthcare providers (not just the surgeons, but anesthesiologists, nurses, midwives, office staff) willing to provide this care. But again, that is the actual intent of this bill. Reducing access to safe abortion care would threaten the health of women in Hawaii.

We are the physicians who care for patients when they find out their very wanted, very loved baby has severe fetal anomalies. Families sometimes choose to end the pregnancy and provide their baby with palliative care rather than subject their baby to any suffering or futile efforts at resuscitation. These families face very difficult decisions about what their values are and what is best for their family; decisions that none of us has a right to make for them or judge them for. What they need in these moments is compassion and medically accurate information from healthcare providers free of judgment or politics.

I couldn't agree more, and that is why I urge my colleagues to oppose this legislation.

In just a few minutes, I expect the Senate will defeat this bill because it will fail to win the required 60 votes. Nevertheless, the threat to women's reproductive rights is intensifying in States and courtrooms all across the country. Over the past few years, States have enacted hundreds—hundreds—of laws that harm women's health and violate their constitutional right to an abortion.

Mississippi enacted a prohibition on abortion after 15 weeks of pregnancy.

Texas, Alabama, Arkansas, Kentucky, and Ohio have passed laws banning dilation and evacuation—D&E—an abortion procedure used usually during the second trimester.

Indiana enacted a bevy of new abortion restrictions, including a law requiring every woman seeking an abortion to have an ultrasound—talk about invasive—and mandated she wait 18 hours after the ultrasound to have an abortion.

Louisiana passed legislation requiring abortion providers to have admitting privileges at local hospitals. This law would result in only one abortion provider in a State of 4.7 million people.

Advocates have recognized the harm these laws would have on women and

have filed suits to block their implementation. Several lower courts have ruled these restrictions unconstitutional, and the cases are moving steadily through the courts of appeals en route to the Supreme Court.

The Fifth Circuit, for example, will hear an appeal of a lower court's decision to block Mississippi's 15-week abortion ban, as well as an appeal from Texas to allow its ban on D&E procedures to go into effect.

The Seventh Circuit upheld a lower court ruling striking down parts of Indiana's mandatory ultrasound and waiting period law. The Indiana attorney general has requested the Supreme Court to review this case.

The Supreme Court temporarily stopped Louisiana's so-called admitting privileges law from taking effect on a 5-to-4 vote. This is the law I talked about before. This law would result in one abortion provider in a State of 4.7 million people.

The Fifth Circuit will now hear an appeal on the merits of the law, which is virtually identical to a Texas law the Supreme Court struck down in 2016—that was only a few short years ago—in the landmark *Whole Women's Health v. Hellerstedt* decision.

The stakes in these court battles and the more than 20 other abortion-related cases making their way through the Federal court are incredibly high. Any one of them would provide the opening for the U.S. Supreme Court to finally fulfill the rightwing goal of overturning *Roe v. Wade*.

It is with this central goal in mind that Donald Trump, Majority Leader McConnell, and complicit Republicans of Congress have been working to pack our Federal courts with ideologically driven judges groomed and handpicked by ultraconservative organizations like the Federalist Society and the Heritage Foundation.

Donald Trump has already confirmed 85 judges, including 30 to circuit courts and 2 to the U.S. Supreme Court. These judges comprise one-tenth of the Federal judiciary, with many more to come.

In fact, a few weeks ago, the Senate Judiciary Committee voted 42–42—judicial nominees out of committee in one markup. Those 42 comprise an additional 5 percent of the Federal judiciary.

Less than 2 weeks ago, Justice Kavanaugh issued a strong dissent in the earlier mentioned Supreme Court's 5-to-4 decision to block Louisiana's anti-choice law from taking effect. Using tortured reasoning, Justice Kavanaugh essentially argued that the Supreme Court should disregard its own precedent from only 2 years ago—that is the *Whole Women's* case I referred to—to allow the Louisiana law to take effect. His dissent signaled his strong antipathy to a woman's right to choose, just as his dissent in *Garza v. Hargan* did when he was on the DC Circuit. His dissent as a Justice this time demonstrated the emptiness of his

promises to uphold Supreme Court precedent during his confirmation hearing.

Justice Kavanaugh's promises then to follow precedent is like that of other Federalist Society-picked Trump nominees now packing our courts, offering little reassurance that nominees in fact will set aside their strongly held ideological views to be objective and fair as judges.

Another case likely to make its way through Federal courts in the months and years ahead is a challenge to the Trump administration's new gag rule. This rule prohibits doctors and other clinicians participating in title X family planning programs from referring patients for, or even speaking about, abortions, even if their patients request such information.

Nearly 20,000 Hawaii residents receive reproductive healthcare through title X. That is roughly the population of the city of Kapolei on Oahu. This attack on title X-funded agencies like Planned Parenthood is an end-run around Congress after Republicans have tried and failed dozens of times to end funding for Planned Parenthood.

Planned Parenthood provides healthcare for millions—millions—of low-income women, men, and young people under title X. Why then do Republicans persist in trying to cut funding for Planned Parenthood?

The constitutional rights of millions of women across the country are under serious and sustained attack, but even in these not normal times, I do see some hope. As State after State passes laws to limit access for a woman's right to choose, communities like Hawaii's are coming together to protect such access.

Last week, I joined activists and staff from Planned Parenthood of the Great Northwest and the Hawaiian Islands as they opened their new medical center and administrative hub in downtown Honolulu. I was particularly energized to see how many young people, women and men, were there and engaged in the fight to protect our right to choice.

I have learned over the years that battles we fought so hard to win never stay won. It is up to all of us to stay engaged and keep fighting for our constitutionally protected rights.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Mr. President, I want to be very clear about the matter that is before the U.S. Senate today. We are not here to debate abortion. That is not what this bill is about that Senator Sasse has introduced. We are here to decide whether it should be legal in the United States of America to kill or neglect an infant who has been born alive after a botched abortion.

This was made very real for me just minutes ago. In fact, Melissa Odom is standing just off the floor of the U.S. Senate, just outside here probably 50 feet from where I am standing. She survived a botched saline-infused abortion

in 1977. She was left to die, literally put in the medical waste heap, but thanks to the grace of God and a nurse who saw Melissa, they were able to revive her, and she is a beautiful 41-year-old mom with two children, one being Olivia who was born in the same hospital where the botched abortion took place. She is from Kansas City, married to Ryan.

We are here to vote on the Born-Alive Abortion Survivors Protection Act. By now, we have all heard the disturbing defense of infanticide offered by the disgraced Governor Northam of Virginia. These babies' only crime was to survive the abortionists' attempts to poison, starve, or tear them apart limb from limb while in utero.

What this bill is about is when the abortionist wants to "finish the job" as the baby lies helpless on the table of an abortion clinic. Currently, children born alive who survive an abortion attempt are recognized as persons under the Born-Alive Infants Protection Act of 2002, but that law is merely definitional because not one person to date has been charged or convicted under it. There is no nationwide Federal law criminalizing the actions of killers, like Dr. Kermit Gosnell, who kill or deny care to babies who survive abortions. Current Federal murder statutes have limited jurisdiction, and the States have a patchwork of different laws for born-alive infants.

The bill we are voting on today would give Federal enforcement teeth nationwide to the 2002 Born-Alive law, so that whether an infant is born alive in Montana or in Massachusetts, whether in a hospital or an abortion clinic, they would be guaranteed the same protection and level of care. Is that asking too much?

By contrast, consider that Federal law provides criminal penalties of thousands of dollars in fines and even imprisonment if you "harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, or collect" any baby marine turtle, baby bald eagle, or any other baby of an endangered species.

It is absolutely absurd that we are having to decide whether we give human babies the level of protection under Federal law that we give to animals. This is truly an absurd moment on the floor of the U.S. Senate. Have we become so numb as a nation that we cannot realize we are talking about a baby?

Cindy and I became grandparents for the first time on January 23, little Emma Rae Daines, born in Denver. She is now a living, breathing member of the human family. That is what we are talking about here, a living, breathing member of the human family. Is it the position of the Democratic Party that a border wall is immoral but not infanticide?

The phenomenon of infants surviving attempted abortions is very real. These infants are not just statistics. Their lives matter, and their stories deserve to be told, just like the story of Melissa Odom. That is why I am proud of

and grateful to my Senate colleague BEN SASSE, who has introduced the Born-Alive Abortion Survivors Protection Act.

Infanticide is not and should not be a partisan issue. It is an issue in which there should be no middle ground or compromise. A “yes” vote today is to uphold the bare minimum of any civilized society. A “no” vote is to deny protection from barbaric violence to the most vulnerable among us, an innocent, little baby.

You can either stand with Governor Northam for infanticide or you can protect the most vulnerable among us.

I yield back my time.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. ROUNDS. Mr. President, I first thank my colleague from Montana for his powerful message. I can assure him that I believe strongly in the same approach as he does with regard to life.

I rise to discuss an issue of vital importance to our society, and that is the intrinsic value of human life. Very shortly, every Senator will have an opportunity to stand up for human dignity and condemn infanticide when we vote on the Born-Alive Abortion Survivors Protection Act. This should not be a difficult vote for any of us.

I believe in the value of every innocent human life, beginning at the moment of conception to natural death. Life is a gift from God that should be respected and treated with dignity from the very beginning to the very end.

I have worked to enact pro-life policies throughout my time in public service based upon this principle. While working as Governor, I signed legislation to ban abortions in South Dakota, except when necessary to save a mother's life.

“*Humanae Vitae*,” written by Pope Paul IV and later expanded upon in “*Evangelium Vitae*,” written by Saint Pope John Paul II the Great, teaches that there can be no true democracy without a recognition of the dignity of every person. It goes on to teach that respect and dignity must be given to each human life for true peace and freedom to exist.

We must demand respect for the rights of all. This includes those in the womb, as well as mothers carrying a child who are facing difficult challenges. Both deserve our utmost compassion and care. While this should be common sense to everyone, we recognize that in this country there are individuals who are pro-life and individuals who are pro-choice.

While I and millions of other pro-life Americans continue to work to end all abortions and support measures that strengthen the dignity of life, recent actions at the State level have been deeply troubling. Pro-choice individuals are actually now supporting measures that will allow doctors to commit infanticide even after a baby has been born alive. For example, last month, the State of New York repealed section

4164 of the State's public health law which provided protections for an infant born alive after a failed abortion. Subsequently, in Virginia, legislation has been introduced that would legalize abortion up to term and even after the birth has begun. In Rhode Island, the Governor has vowed to sign legislation legalizing abortion even after the child is viable.

These examples of abortion extremism at its worst—radical, abhorrent acts of infanticide—should horrify all of us. While I am troubled by the thought of any baby being killed at any stage, at a bare minimum every one of us should be able to agree that infanticide—or the killing of a baby after it has been born alive—is unacceptable. This is a separate issue from abortion, which is abhorrent in itself.

In the history of the world, the true test of a society is how well we treat the most vulnerable among us. That is why we must pass this legislation, the Born-Alive Abortion Survivors Protection Act, of which I am an original cosponsor, and I would like to thank Senator SASSE for bringing this legislation forward.

The Born-Alive Abortion Survivors Protection Act simply protects newborns who survive abortions by requiring appropriate care and admission to a hospital. When a failed abortion results in the live birth of an infant, our legislation makes clear that healthcare providers must exercise the same degree of professional skill to protect the newborn child as would be offered to any other child born alive at the same gestational age. A baby who survives an abortion deserves the same rights under the law as any other newborn baby and should receive proper medical care, not to be left to die or be killed.

It is also worth mentioning that President Trump stood up for life during the State of the Union Address earlier this month, calling on Congress to pass legislation to prohibit late-term abortions of children who feel pain in the mother's womb. President Trump urged:

Let us work together to build a culture that cherishes innocent life. And let us reaffirm a fundamental truth: All children—born and unborn—are made in the holy image of God.

I couldn't agree more. All life is sacred. We must seek to protect and save lives whenever possible, however possible. I urge my colleagues to support the Born-Alive Abortion Survivors Protection Act.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Ms. DUCKWORTH. Mr. President, I ask unanimous consent to address the floor for 5 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Ms. DUCKWORTH. Mr. President, imagine the joy, the emotion, and the anticipation that comes with being in

the third trimester of your pregnancy. Imagine choosing the crib and the mobiles that will hang above it. Imagine telling your toddler that he was getting a little sister to play with. Then, imagine the heartbreak of going to the doctor one day and learning that there is no chance your baby will survive, that there is no hope your baby girl will ever speak her first word or take her first step, or that delivering her would put your own life at risk, leaving your firstborn to grow up without a mother. These are the types of scenarios that lead to the heart-wrenching decision to terminate a pregnancy later on.

As the mom of two little girls—one, age 4, and one, 10 months old—I can't begin to fathom that kind of pain. Yet today some on the other side of the aisle are trying to use those parents' suffering for political advantage, making worst-case scenarios like these all the more difficult by pushing a bill aimed to criminalize reproductive care no matter the cost.

If it becomes law, this bill would force doctors to perform ineffective, invasive procedures on fetuses born with fatal abnormalities, even if it is against the best interests of the child, even if it goes against recommended standards of care and they know that it wouldn't extend or improve the baby's life, and even if it would prolong the suffering of the families, forcing women to endure added lasting trauma, making one of the worst moments of their lives somehow even more painful. If physicians refuse, they would be punished and could be sentenced up to 5 years in prison.

We have seen this kind of political stunt before. We know the partisan extremist playbook it comes out of—one based not in fact but in fiction, steeped in ignorance and misogyny. The goal here is obvious: to bully doctors out of giving reproductive care, to scare them out of business—one potential lawsuit or jail sentence at a time—making it even harder for women to get the care they need when they need it most, as the number of physicians available shrinks.

This is just the latest step in the far right's long march to strip away women's rights—a march whose pace has now quickened under our current President, a man who once argued that women should be punished for taking up their right to choose, who has taken pride in trying to put the government between women and their doctors, and who just 72 hours ago issued a gag rule that could gut family planning clinics.

I have said this a thousand times before, and I will keep saying it until I go hoarse: A woman's medical decisions should be between her and her physician and her family and not dictated by some politician in Washington, DC. When lives are on the line, the folks with MDs are the ones who should be deciding what care is appropriate, not those with partisan agendas.

Mothers and doctors know that every pregnancy is different—both of mine

certainly were—and physicians are trained with exactly this in mind.

It is offensive and just plain ignorant for my colleagues to claim they know better than a doctor or an expectant mom. It shows an alarming disrespect for a woman's moral compass and her ability to make sound decisions.

I can't begin to conceive of the pain of the mom-to-be who learns that the baby she already loves isn't viable and that the child whose name she has already chosen and whose life she has already imagined will never open their eyes. All this bill would do is to sharpen that family's suffering. All it would do is to make it harder for the next woman to get the care that could save her life. How dare we think of passing legislation like that. How dare we put extremist politics over empathy, over science, and over women's health and families' pain.

I strongly urge my colleagues to vote against S. 311—a bill that is as heartless as it is dangerous.

Thank you.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma is recognized.

Mr. LANKFORD. Mr. President, I ask unanimous consent to speak on the floor for up to 5 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. LANKFORD. Mr. President, it has been interesting to hear the debate today about how heartless it would be to protect the life of a child. The debate from the other side has come out fast and furious, saying that S. 311 is about a child who is not viable and that somehow we are going to put a mom through more torment with a child that is not viable.

The plain text of this bill could not be clearer. This is not about abortion. This is about a child who has been born alive and who is a viable child.

Here is the interesting conversation. Many people in this country argue about abortion—rightfully so. We are talking about the life of a child. This, in particular, though, has a clear argument. What if an abortion is botched, and instead of the child being killed in the womb, they are actually delivered? Now a child is on the table who is crying, with pink skin, 10 fingers and toes wiggling, and is reaching out. What happens now? That is the question with this bill.

Interestingly enough, it is not the first time it has come before the Senate. In 2002, this same issue came before the Senate. The Senate, the House, and the President all agreed that if an abortion was botched and the child was delivered, that child is a child. By definition, that is a child. In 2002, what that bill did not do is define what happens next if the life of that child is then taken after they are born.

This wouldn't be an issue because it is clearly defined in law except for the fact that a few weeks ago, the Governor of Virginia made a public state-

ment saying that we need to have a law to say that we could deliver a child, make it comfortable, and then decide what to do with that baby. Suddenly, this becomes a national conversation.

We thought this was a resolved issue in 2002, but it is not. There is still debate from the other side saying: Deliver the child and then decide what to do with the life of that child.

This is not just an issue that has no consequence as well. After that bill was passed in 2002, the CDC started analyzing birth certificates to determine if this happens and how often it happens.

It doesn't happen often, but in a few number of States where the CDC gathered information from, it determined there were 143 babies who were born alive after an attempted abortion and who then died with no record of how it happened.

Just in 5 months in 2017, the State of Arizona reported that 10 babies were born alive after an attempted abortion. This doesn't happen often, but it does happen, and the question is, Who are we as a nation and what are we going to do with a child who is in front of us who is alive?

Medical professionals are called to do no harm—the Hippocratic Oath. It is interesting to see medical professionals provide care to every person everywhere they go. If there is a car accident, it doesn't matter if it is their patient. They pull over and help. Interestingly enough, at the State of the Union Address, just a couple of weeks ago, we had a staff member in the back who passed out, and Members of Congress who are also physicians, who were in their seats, jumped out of their seats to go provide care because that is what physicians do. But in the case of a botched abortion, the child is delivered and then everyone who is a medical professional just steps back and watches the child die and doesn't provide care. It is the reverse of the Hippocratic Oath. We need to resolve this in our law.

If I can even make a comparison. We as people, and even soldiers in the field, honor life. Soldiers who were trained to take life still are also trained to honor life.

Article 12 of the Geneva Convention, which we support, says this: "Members of the armed forces and other persons . . . who were wounded, sick . . . shall be respected and protected in all circumstances." Literally, if you are in the fight of your life on the field, as our Armed Forces are, and you run across a wounded individual in that fight from the other side, we give care to that person, even though they are our enemy on the battlefield. But in an abortion clinic, that child is not given the same care that we are demanded to give on the battlefield.

This is a fascinating dialogue that I have had with a lot of my colleagues. For a lot of my colleagues who are pro-abortion and who don't see that as a life, I will often ask this simple question: When is a life a life? What is your

redline? I think that is a fair conversation.

For myself, it is conception. When that child is conceived and they are developing, they have unique DNA. That is a different person. For others, they will say it is when the child is viable. For others, they will say when the child is born.

I just ask a simple question. When the child is born, is that a child? Is your redline birth? This bill affirms that when a child is born, we should at least acknowledge that that is a person.

I am a dad who has cut the umbilical cord of my own daughter before. I would be terrified to say that the child was not a child until I, as the dad, cut the cord—that I could take that life at any moment before that. That is not who we are as Americans.

Let's pass this. Let's protect living children.

With that, I yield the floor.

Ms. CANTWELL. Mr. President, I rise in strong opposition to tonight's vote to advance S. 311. This legislation would reduce families' access to reproductive healthcare, interfere in personal medical decisions that should be left between families and doctors, and criminalize doctors and health professionals.

Tonight's vote is part of a broader strategy by this administration and some in Congress to take away women's access to reproductive healthcare, including the constitutional right to an abortion affirmed in *Roe v. Wade*.

For instance, the administration has already installed two Supreme Court Justices who threaten *Roe v. Wade*, repeatedly tried to de-fund Planned Parenthood and cut off family planning grants, and given employers the green light to take away birth control coverage from their employees. In the last Congress alone there were 14 anti-women's health votes and 34 anti-women's health bills introduced.

Reproductive health choices are highly personal and deeply sensitive, and they should be left between families and their doctor. S. 311 would effectively overrule these personal decisions by imposing arbitrary standards—based on political ideology, not medical appropriateness—on health professionals.

This bill would effectively criminalize doctors and healthcare clinicians for providing the best plan of care to their patients. It would impose civil and criminal penalties including up to 5 years in prison onto providers if they don't comply with the bill's mandates. These mandates could scare medical professionals away from helping women and families obtain reproductive care, including an abortion, further reducing families' access to care.

More than 17 of the Nation's leading medical, public health, and civil rights organizations oppose this bill. The American College of Nurse-Midwives, the American College of Obstetricians

and Gynecologists, and the American Public Health Association state that the bill “. . . injects politicians into the patient-provider relationship, disregarding providers’ training and clinical judgement and undermining their ability to determine the best course of action with their patients.” The American Civil Liberties Union states that the bill “. . . shows a callous disregard for patients in need of compassionate, evidence-based care when they face difficult decisions.”

The majority of Americans want more access to reproductive healthcare, not less. More than 7 in 10 Americans do not want women to lose access to safe, legal abortion. In 1991, a majority of voters in the State of Washington passed the Washington Abortion Rights Initiative, declaring that a woman has a right to an abortion.

S. 311 is another misguided attempt to reduce women and families’ access to reproductive healthcare. I strongly oppose S. 311 and urge my colleagues to vote no.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. SASSE. Mr. President, I ask unanimous consent to speak for less than 1 minute.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. SASSE. Mr. President, over the course of this afternoon, we have heard a whole bunch of things about what is supposedly in this bill. I know that a lot of people who are opposed to this bill, the Born-Alive Abortion Survivors Protection Act, sincerely believe the talking points that they read from their staffs, but, humbly, we have heard speech after speech after speech about things that have absolutely nothing to do with what is actually in this bill.

So as you get ready to cast this vote, I urge my colleagues to picture a baby who has already been born, who is outside the womb, and who is gasping for air. That is the only thing that today’s vote is actually about. We are talking about babies who have already been born. Nothing in this bill touches abortion access.

Thank you.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the motion to proceed to Calendar No. 17, S. 311, a bill 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.

Mitch McConnell, David Perdue, Mike Crapo, Pat Roberts, John Cornyn, Johnny Isakson, James M. Inhofe,

Thom Tillis, Roger F. Wicker, Lindsey Graham, Ben Sasse, Roy Blunt, John Thune, John Boozman, John Barrasso, Joni Ernst, James E. Risch.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum calls have been waived.

The question is, Is it the sense of the Senate that debate on the motion to proceed to S. 311, a bill 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, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. THUNE. The following Senators are necessarily absent: the Senator from North Dakota (Mr. CRAMER), the Senator from Alaska (Ms. MURKOWSKI), and the Senator from South Carolina (Mr. SCOTT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 53, nays 44, as follows:

[Rollcall Vote No. 27 Leg.]

YEAS—53

Alexander	Fischer	Paul
Barrasso	Gardner	Perdue
Blackburn	Graham	Portman
Blunt	Grassley	Risch
Boozman	Hawley	Roberts
Braun	Hoeven	Romney
Burr	Hyde-Smith	Rounds
Capito	Inhofe	Rubio
Casey	Isakson	Sasse
Cassidy	Johnson	Scott (FL)
Collins	Jones	Shelby
Cornyn	Kennedy	Sullivan
Cotton	Lankford	Thune
Crapo	Lee	Tillis
Cruz	Manchin	Toomey
Daines	McConnell	Wicker
Enzi	McSally	Young
Ernst	Moran	

NAYS—44

Baldwin	Hassan	Sanders
Bennet	Heinrich	Schatz
Blumenthal	Hirono	Schumer
Booker	Kaine	Shaheen
Brown	King	Sinema
Cantwell	Klobuchar	Smith
Cardin	Leahy	Stabenow
Carper	Markey	Tester
Coons	Menendez	Udall
Cortez Masto	Merkley	Van Hollen
Duckworth	Murphy	Warner
Durbin	Murray	Warren
Feinstein	Peters	Whitehouse
Gillibrand	Reed	Wyden
Harris	Rosen	

NOT VOTING—3

Cramer	Murkowski	Scott (SC)
--------	-----------	------------

The PRESIDING OFFICER. As a reminder, expressions of approval or disapproval are not in order.

On this vote, the yeas are 53, the nays are 44.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Eric D. Miller, of Washington, to be United States Circuit Judge for the Ninth Circuit.

Mitch McConnell, David Perdue, Mike Crapo, Johnny Isakson, John Cornyn, Pat Roberts, James M. Inhofe, Thom Tillis, Roger F. Wicker, Lindsey Graham, Roy Blunt, John Thune, John Boozman, John Barrasso, James E. Risch, Richard Burr, John Hoeven.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Eric D. Miller, of Washington, to be United States Circuit Judge for the Ninth Circuit, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. THUNE. The following Senators are necessarily absent: the Senator from North Dakota (Mr. CRAMER) and the Senator from Alaska (Ms. MURKOWSKI).

Mr. DURBIN. I announce that the Senator from Vermont (Mr. SANDERS) is necessarily absent.

The PRESIDING OFFICER (Mr. SULLIVAN). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 51, nays 46, as follows:

[Rollcall Vote No. 28 Leg.]

YEAS—51

Alexander	Fischer	Perdue
Barrasso	Gardner	Portman
Blackburn	Graham	Risch
Blunt	Grassley	Roberts
Boozman	Hawley	Romney
Braun	Hoeven	Rounds
Burr	Hyde-Smith	Rubio
Capito	Inhofe	Sasse
Cassidy	Isakson	Scott (FL)
Collins	Johnson	Scott (SC)
Cornyn	Kennedy	Shelby
Cotton	Lankford	Sullivan
Crapo	Lee	Thune
Cruz	McConnell	Tillis
Daines	McSally	Toomey
Enzi	Moran	Wicker
Ernst	Paul	Young

NAYS—46

Baldwin	Hassan	Rosen
Bennet	Heinrich	Schatz
Blumenthal	Hirono	Schumer
Booker	Jones	Shaheen
Brown	Kaine	Sinema
Cantwell	King	Smith
Cardin	Klobuchar	Stabenow
Carper	Leahy	Tester
Casey	Manchin	Udall
Coons	Markey	Van Hollen
Cortez Masto	Menendez	Warner
Duckworth	Merkley	Warren
Durbin	Murphy	Whitehouse
Feinstein	Murray	Wyden
Gillibrand	Peters	
Harris	Reed	

NOT VOTING—3

Cramer	Murkowski	Sanders
--------	-----------	---------

The PRESIDING OFFICER. On this vote, the yeas are 51, the nays are 46.

The motion is agreed to.