

quality care, choice, access to innovative technology and treatments, and most Americans are pretty satisfied with their health insurance. So a logical thing to do would be to fix the problems with our system and to preserve what is working, but that is not what Democrats want to do.

Democrats want to destroy our current system and replace it with a single, one-size-fits-all, government-run program known as Medicare for All.

What will that mean for Americans? Paying more and waiting longer for worse care.

Medicare for All is estimated to cost \$32 trillion or more over 10 years. That is more money than the Federal Government has spent in the last 8 years, combined, on everything. One Medicare expert estimates that doubling the amount of individual and corporate income tax collected would not be enough to cover the cost of Medicare for All. I don't know about the Democrats, but I don't know too many families who can afford to have their tax bills double.

Yet it is not just higher taxes. Medicare for All would eliminate Americans' healthcare choices.

Don't like the one-size-fits-all government healthcare plan? Too bad. You will not have any other option. Private and employer-sponsored healthcare will be a thing of the past. Your only choice will be the government's plan.

Your treatment choices will also be limited. If the government will not want to pay for a particular cancer treatment, for example, you will be out of luck. There will be no switching of an insurer to a better carrier. Unless you have tens or hundreds of thousands of dollars lying around to cover that treatment option entirely out-of-pocket, you are going to go without.

Then, of course, there are the long wait times that are a hallmark of socialized medicine. Patients in Canada and the United Kingdom, both of which have government-run healthcare systems, face tremendous wait times for care. It can take up to a year to get a medical procedure in Canada—one of the reasons you hear so many stories about Canadians coming to the United States for care. Imagine having to wait a year for your child to get a needed surgery. That is the kind of thing that parents can look forward to under Medicare for All.

As I said earlier, there are, undoubtedly, parts of our healthcare system that can be improved, and the Republicans are, in fact, currently working on legislation to increase access to affordable medication and to address the issue of surprise billing, but the solution is not to destroy our current system and force people to pay more for less choice and worse care.

The Democrats' ideology has outrun their common sense. The Republicans are committed to improving America's healthcare system and preserving Americans' healthcare choices. I hope the Democrats will abandon their plan

for government-controlled healthcare and switch their focus to helping us.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

ABORTION

Mr. Kaine. Madam President, I rise to speak about the recent uptick in State efforts to criminalize abortion. These proposals, which have been passed in eight States just this year and that have been proposed in many others, impose harsh criminal penalties on women who have abortions or on doctors who terminate pregnancies.

The laws deny women the freedom to make their own healthcare choices. Therefore, they clearly violate the constitutional protections established in *Roe v. Wade* and subsequent cases. In fact, many of the proponents of these laws openly advertise them as being part of a strategy to get the U.S. Supreme Court to overturn *Roe v. Wade* and to return to the days when States used the criminal law to punish women and doctors for contraception and abortion.

Abortion is a contentious issue. People feel so strongly about it. I understand that. I feel strongly about it, too. It can sometimes appear that there is little common ground between people who call themselves pro-choice and people who call themselves pro-life, but there is common ground among so many of us. For example, Americans with many different views on abortion overwhelmingly believe that *Roe v. Wade* should remain the law of the land. More than 70 percent of Americans support the decision and believe it shouldn't be overturned.

People understand that, whatever they think about abortion for themselves and their own families, they do not believe the State should make the decision for every woman. Women should be able to make their own decisions about pregnancy, contraception, and abortion without State interference, and appropriate regulation of abortion, just as of other medical procedures, especially late in a pregnancy when a fetus could survive independently, is allowable as long as the life and health of the mother receive careful protection.

In addition to the support for *Roe v. Wade*, there is also common ground based on data about strategies that work, and I want to offer a common-ground perspective on this issue. There is a way to dramatically reduce abortion in this country that both pro-life and pro-choice should embrace. It is a strategy of compassion. Let me start with a noteworthy fact that is almost never mentioned.

During the last 25 years, which is the time I have been in elected office, the abortion rate in this country has been cut in half. This is remarkable. You never hear this discussed. By 2015, during the Obama administration, the abortion rate in the United States was at its lowest level since *Roe v. Wade* became law. In fact, if you were to just measure it by the data, you could argue that the Obama administration's years were the most pro-life period since *Roe v. Wade*.

Why has this happened?

While there are a number of reasons, the most important one is this: The rate of unplanned pregnancies is decreasing. Teen pregnancies are decreasing. If the number of unplanned pregnancies goes down, the abortion rate goes down. There is a direct connection between unplanned pregnancies and the abortion rate.

So here is the strategy that should unite everyone: Reduce the number of unplanned pregnancies. Could anyone be against that? Reduce the number of unplanned pregnancies.

The good news is that we know how to do it. When women have better access to affordable healthcare, including better access to contraception and better access to comprehensive sex education, the number of unplanned pregnancies goes down, and the number of abortions drops. We know that more women have access to healthcare and contraception today than in the past. The passage of the Affordable Care Act and the 36 States that have expanded Medicaid have provided millions of women with healthcare, so many of whom didn't have it before, including preventive care and contraception access.

Comprehensive sex education for young people also equips them with information that is necessary to avoid unplanned pregnancies. Some young people decide to delay becoming sexually active, and that is great. Some make better choices about contraception to avoid pregnancy, and that is helpful. So education is a key factor as well. Whatever we call ourselves—pro-choice, pro-life, or anything—if we want to keep reducing unplanned pregnancies and, thereby, reducing the abortion rate, guess what. We know just how to do it: Make sure kids get comprehensive sex education so they can make more responsible choices, and keep working to expand healthcare, including access to contraception for women. This is the compassionate way to bring down the abortion rate. It supports women, trusts their decisions, and succeeds in reducing unplanned pregnancies.

Yet here is something that puzzles me. The GOP legislators all across this country have generally opposed, quite bitterly, those proven strategies, and so have many in the pro-life community. The GOP has fought the Affordable Care Act every step of the way, and it now stands squarely behind the effort to repeal the act entirely and

strip healthcare away from millions of women.

The GOP fights against contraception access. Many in the GOP fight against comprehensive sex education. Instead, they push abstinence-only sex education curricula that doesn't work. If the GOP succeeds in killing the ACA and in reducing contraception access, the number of unplanned pregnancies will increase, and the abortion rate will increase. How is that pro-life?

The GOP is now embracing a different strategy—making women and doctors criminals. This is the key unifying cruelty to these recent State laws. GOP-controlled States are racing to see who can have the cruelest criminal laws—a complete ban on abortion at 8 weeks of pregnancy. No, how about a complete ban on abortion at 6 weeks of pregnancy?

In Alabama, there is a ban from the second the pregnancy begins, from the second there is a fetus in utero, and there are no exceptions to someone who is the victim of rape or incest. Think about that. Alabama forces a 13-year-old who was raped or was the victim of incest to bear a criminal's child under pain of criminal prosecution and punishment—imprisonment—for the doctor.

Wait. Let's get tougher still.

In Georgia, women who terminate pregnancies could receive life in prison under a bill that was recently signed by the Georgia Governor. There is some confusion here. Prosecutors argue about whether the technical language would subject a woman who has an abortion to a first-degree murder charge. The sponsor of the bill, now that it has been signed, is backpedaling, saying he only intended for women to be prosecuted under a separate criminal abortion statute that carries a maximum sentence of 10 years. He apparently believes that subjecting women to 10-year prison sentences rather than to life sentences for murder is merciful and lenient. No woman exercising her constitutional right to make her own healthcare decisions should be threatened with a prison sentence of even 1 day.

The GOP could go further.

A Texas bill filed last month would have allowed the death penalty—capital punishment—for a woman who seeks an abortion. The bill failed, but the bill wasn't a surprise from the party whose President admitted during his campaign that a woman who has an abortion must suffer a punishment.

So the GOP's strategy is for more criminal laws, more prosecutions, and more sentences—put more women in prison, and put more doctors in prison. We already have the highest incarceration in the world—five times higher than Canada's and 70 percent higher than Russia's. Guess what. So many of these GOP proposals would push us even further, and the next big group going behind bars could be women and doctors.

These criminal laws don't bring about a culture of life. These criminal

laws don't bring about a culture of compassion. They succeed only in demonizing women, robbing them of their dignity, and intruding upon the most private aspects of their lives, and they demonize the doctors who care for these women.

Do Americans want a society that labels women's healthcare choices as criminal? No.

Is there any proof that criminal penalties for abortion will reduce unplanned pregnancies? No.

Is there any proof that criminal penalties for abortion will reduce the number of abortions? No.

That is what I mean about the choice we face as a society. We can pursue a path of compassion toward women and be secure in the knowledge that better health and contraception access and comprehensive sex education will reduce unplanned pregnancies and abortions, or we can pursue the path of criminalizing women's decisions with there being no evidence that the strategy will have the effect of reducing unplanned pregnancies and abortions.

I have focused most of my attention on the issue of unplanned pregnancies. Of course, some planned pregnancies end in abortion, too. Most often, these pregnancies involve severe maternal or severe fetal health issues that are emotional and tragic for all involved. Certainly, compassion toward these families and not criminal prosecution is the right answer. This question—do we use a compassionate strategy to reduce unplanned pregnancies or do we criminalize women's decisions?—is the fundamental difference between the Nation's two political parties on this very important issue right now.

I am firmly in the camp of compassion. If we support women and trust women, we can keep making significant progress toward a goal we should all share: fewer unplanned pregnancies and fewer abortions.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Madam President, let me say how much I agree with the Senator from Virginia. I endorse completely what he said. I would make one amendment. Instead of just the compassion approach versus the criminal approach, it is the commonsense approach versus the criminal approach as well.

I do believe that the point has been made and demonstrated by what my colleague said here and what he has said in previous meetings that when we invest in family planning and sex education and good healthcare for women, we have fewer unplanned pregnancies and fewer abortions, period. Those policies that militate against that just increase the likelihood of abortion.

Let me also add something that I think pro-life and pro-choice should agree to come to terms with in unity. How in the world can we live in a country—the United States of America—with all its wealth and all its expertise,

and have in the last 25 years the worst incidence of maternal mortality in civilized countries around the world? More women are dying in the United States giving birth today than 25 years ago. Whether you are pro-life or pro-choice, wouldn't you agree this should be a high priority of our government—both parties—to reduce maternal mortality here in the United States?

I might add that infant mortality is still unacceptable in the United States. The rate of it is unacceptable.

Couldn't we agree, pro-life and pro-choice, to come together behind those two?

I am a cosponsor of a bill introduced by Congresswoman ROBIN KELLY of Illinois that she aptly entitled the "MOMMA Act," which will try to deal with maternal mortality issues, particularly as they relate to women of color. And the irony, the surprise is that when you read the data, the incidence of maternal mortality among women of color does not track with poverty and education. It is a racial issue for reasons that are hard to explain, but she addresses it, and I have joined her in that effort.

The other point I would like to make is this: My colleague from Virginia has talked about efforts in State legislatures that have gone to extremes. What I call the Alabama two-step is the second step in that process.

We spend our time day after day, week after week putting men and women on the bench who were proposed by the Trump administration and pushed through as quickly as possible by the Republicans in the Senate who, frankly, are waiting for the day when they will have a chance to endorse, approve these statutes my colleague has described, which are extreme by any definition. That, to me, is problematic and troublesome for us as a nation, that we are moving toward that possibility.

I see that the Senator from South Dakota is on floor, and I believe he has a request to make.

I would like to ask unanimous consent, after his request, to be recognized again.

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

The PRESIDING OFFICER. The Senator from South Dakota.

UNANIMOUS CONSENT AGREEMENT—S. 151

Mr. THUNE. Madam President, I ask unanimous consent that at 12:45 p.m. today, the Senate proceed to legislative session to consider Calendar No. 94, S. 151; I further ask that the committee-reported substitute amendment be agreed to, the bill, as amended, be read a third time, and the Senate vote on passage of the bill, as amended, with no intervening action or debate; finally, that if passed, the motions to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?