

Maryland

Maryland Respite Care Coalition.

Mississippi

Mississippi Family Caregiver Coalition.

Montana

Developmental Educational Assistance program (DEAP), Montana Lifespan Respite Coalition.

Nebraska

Nebraska Caregiver Coalition, Nebraska Lifespan Respite Network.

Nevada

Nevada Lifespan Respite Care Coalition.

New Jersey

The Family Resource Network, Caregivers of New Jersey.

New York

Fulton Co Office for Aging & Youth, Livable Communities Caregiver Collaborative, Livable Communities Alzheimer's/Dementia Collaborative, Livable Communities Inter-generational Collaborative, New York State Caregiving and Respite Coalition.

Oklahoma

Oklahoma Caregiver Coalition, Sooner Success.

Pennsylvania

Alliance for Community Respite Care.

South Carolina

Central Midlands Area Agency on Aging, Charleston Area Senior Citizens, Inc., Down Syndrome Association of the Upstate, Evolve Senior Solutions, Family Connection of South Carolina, Federation of Families of South Carolina, Leeza's Care Connection, Richland/Lexington Disability and Special Needs Board, South Carolina Autism Society, South Carolina Respite Coalition, South Carolina Spinal Cord Injury Association, Tri-County Adult Day Services, Inc.

Tennessee

Tennessee Respite Coalition.

Washington

Washington PAVE, Washington State Respite Coalition.

Wisconsin

Greater WI Agency on Aging Resources, Inc., Inclusa, Respite Care Association of Wisconsin.

Ms. COLLINS. Mr. President, I have shared how important it is that we pass this legislation, the Lifespan Respite Care Reauthorization Act of 2019, without further delay, and I urge my colleagues to support the bill.

Mr. President, as if in legislative session, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 283, S. 995.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 995) to amend title XXIX of the Public Health Service Act to reauthorize the program under such title relating to lifespan respite care.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Lifespan Respite Care Reauthorization Act of 2019".

SEC. 2. REAUTHORIZATION OF LIFESPAN RESPITE CARE PROGRAM.

(a) **DATA COLLECTION AND REPORTING.**—Section 2904 of the Public Health Service Act (42 U.S.C. 300ii–3) is amended to read as follows:

"SEC. 2904. DATA COLLECTION AND REPORTING.

"(a) IN GENERAL.—Each State agency awarded a grant or cooperative agreement under section 2902 shall report such data, information, and metrics as the Secretary may require for purposes of—

"(1) evaluating State programs and activities funded pursuant to such grant or cooperative agreement, including any results pursuant to section 2902(d)(2)(B)(xii); and

"(2) identifying effective programs and activities funded pursuant to section 2902.

"(b) REPORT.—Not later than October 1, 2023, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives regarding the outcomes of the programs and activities funded pursuant to section 2902, including any effective programs and activities identified."

(b) FUNDING.—Section 2905 of the Public Health Service Act (42 U.S.C. 300ii–4) is amended by striking "title" and all that follows through the period and inserting "title, \$10,000,000 for each of fiscal years 2020 through fiscal year 2024."

Ms. COLLINS. Mr. President, I ask unanimous consent that the committee-reported substitute amendment be agreed to and that the bill, as amended, be considered read a third time.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The committee-reported amendment, in the nature of a substitute, was agreed to.

The bill, as amended, was ordered to be engrossed for a third reading and was read the third time.

Ms. COLLINS. Mr. President, I know of no further debate on the bill, as amended.

The PRESIDING OFFICER. Is there further debate?

If not, the question is, Shall the bill pass?

The bill (S. 995), as amended, was passed.

Ms. COLLINS. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

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

EXECUTIVE CALENDAR—Continued

Ms. COLLINS. Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, we are running a little bit behind, so I would ask unanimous consent to speak for up to 10 minutes, which reflects the amount of time we are running behind.

I ask unanimous consent to speak for up to 10 minutes.

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

WOMEN'S HEALTHCARE

Mr. WYDEN. Mr. President, this week, the Senate is having yet another debate on legislation to restrict healthcare for women, and I am going to take just a few minutes to talk about what this debate is really all about.

The old Republican slogan was "a chicken in every pot." The new Republican slogan is "a Republican in every examining room."

The Senate has done remarkably little legislating while under the recent control of the other party, but somehow, some way, there always seems to be time to have an attack on women's healthcare. It has come up again and again, and it is always the same basic proposition on offer: Republican politicians trying to somehow squeeze themselves in between women and their physicians.

My view is that the government ought to make sure that women can get healthcare from the doctors they trust and that politicians ought to stay out of things. Roe v. Wade says that is supposed to be the law of the land when it comes to access to abortion. More than four decades of settled law says that these are choices to be made by women and their doctors, and the ideological agendas of politicians ought to have nothing to do with it. The legislation up for debate this week, based on yet another far-right cause, says the opposite. Amongst other problems, one of the proposals on offer this week would actually criminalize the practice of intensely personal healthcare. It would essentially say to doctors: Just throw out your training. Throw it away. Discard your medical judgment, and forget what is in the patient's best interest.

Rightwing politicians are going to call the shots in the exam room. Doctors who provide necessary medical treatment and care that can be life-saving could be thrown in jail if they run afoul of these new ideological government standards.

Now, this isn't a debate just here in the Senate. There have been hundreds of bills brought forward in States across the country restricting women's healthcare, including safe and legal abortion. Among the people hit hardest by these proposals are the millions of women in this country who are every single day walking an economic tight-rope. If they can't see the doctor they trust and if their local Planned Parenthood clinic is forced to shutter its doors because of these harsh new rules, they may not have anywhere else to turn to for vital healthcare. It is another way in which the far right and the Republican agenda supporting it goes back to the days when healthcare was really just for the healthy and the wealthy.

Bottom line: This debate is fundamentally about whether the government gets to control women's bodies. It is a dangerous, in my view, unconstitutional proposition that just throws in the garbage can decades of settled law. This Republican majority has proved that we can always find time here in the Senate to go after women's healthcare with ideological bills, regardless of what other healthcare challenges Americans are facing at home.

I guarantee that across this country right now there are persons lined up at

pharmacy counters with every last penny they have who know they are about to get mugged when it comes to paying for the cost of prescription medicine. Millions of Americans struggle to pay for their medications, but the majority leader of this body has blocked our best efforts to give them a hand. Instead, the Senate is debating yet another ideological attack on women's healthcare that really has no chance of becoming law.

The likelihood is these attacks, in my view, based on what we know, are going to keep coming. It will only get more serious in the months ahead. Four more years of Donald Trump would mean the end of *Roe v. Wade*. It would guarantee more healthcare discrimination against women, and it would mean a whole lot more government control over women's bodies. Again and again, we would see the government in the exam room. I urge my colleagues to reject these proposals when they come up.

I yield the floor.

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 nomination of Robert Anthony Molloy, of the Virgin Islands, to be Judge for the District Court of the Virgin Islands for a term of ten years.

Mitch McConnell, Mike Crapo, Thom Tillis, Mike Rounds, Lamar Alexander, John Hoeven, Roger F. Wicker, Rob Portman, John Thune, Cindy Hyde-Smith, John Boozman, Tom Cotton, Chuck Grassley, Kevin Cramer, Steve Daines, Todd Young, John Cornyn.

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 Robert Anthony Molloy, of the Virgin Islands, to be Judge for the District Court of the Virgin Islands for a term of ten years, 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 Carolina (Mr. BURR), the Senator from North Dakota (Mr. CRAMER), the Senator from Arizona (Ms. MCSALLY), the Senator from Alaska (Ms. MURKOWSKI), the Senator from Florida (Mr. RUBIO), and the Senator from Pennsylvania (Mr. TOOMEY).

Further, if present and voting, the Senator from Florida (Mr. RUBIO) would have voted "yea."

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from

Massachusetts (Mr. MARKEY), the Senator from Vermont (Mr. SANDERS), and the Senator from Massachusetts (Ms. WARREN) are necessarily absent.

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

The yeas and nays resulted—yeas 88, nays 1, as follows:

[Rollcall Vote No. 53 Ex.]

YEAS—88

Alexander	Gardner	Portman
Baldwin	Gillibrand	Reed
Barrasso	Graham	Risch
Bennet	Grassley	Roberts
Blackburn	Harris	Romney
Blumenthal	Hassan	Rosen
Blunt	Hawley	Rounds
Booker	Heinrich	Sasse
Boozman	Hoeven	Schatz
Braun	Hyde-Smith	Schumer
Brown	Inhofe	Scott (FL)
Cantwell	Johnson	Scott (SC)
Capito	Jones	Shaheen
Cardin	Kaine	Shelby
Carper	Kennedy	Sinema
Casey	King	Smith
Cassidy	Lankford	Stabenow
Collins	Leahy	Sullivan
Coons	Lee	Tester
Cornyn	Loeffler	Thune
Cortez Masto	Manchin	Tillis
Cotton	McConnell	Udall
Crapo	Menendez	Van Hollen
Cruz	Merkley	Warner
Daines	Moran	Whitehouse
Duckworth	Murphy	Wicker
Durbin	Murray	Wyden
Enzi	Paul	Young
Ernst	Perdue	
Fischer	Peters	

NAYS—1

Hirono

NOT VOTING—11

Burr	Markey	Sanders
Cramer	McSally	Toomey
Feinstein	Murkowski	Warren
Klobuchar	Rubio	

The PRESIDING OFFICER. On this vote, the yeas are 88, the nays are 1.

The motion is agreed to.

The Senator from Texas.

ABORTION

Mr. CRUZ. Mr. President, I rise today for every child who has been denied the chance to live; the little boys and the little girls who never got the chance to breathe a breath of air, to live life; never got the chance to grow up to be athletes, doctors, poets, or inventors; never got the chance to live their own unique lives.

This year marks the 47th tragic anniversary of *Roe v. Wade*, the Supreme Court decision that forced on all 50 States abortion on demand and has tragically led to the loss of life of over 60 million unborn children. Since that decision, so much life has been lost. So many unborn and even newborn babies have suffered.

In recent years, we have seen the Democratic Party not listening to the concerns of a great many people of good will on both sides of the party but, rather, radicalize. We have seen leading contenders for the Presidential nomination in the Democratic field declare that pro-life Democrats are no longer welcome in the party. We have seen far too many Democrats embrace extreme positions on abortion—abortion up until the moment of birth and even, horrifically, after that.

I think the radicalization of today's Democratic Party was made crystal clear for a great many Americans with the radio interview that Virginia Governor Ralph Northam did on January 30 of last year. In that interview, Governor Northam was speaking in favor of a bill that would allow abortion when a mother was already in labor.

Stop and think about this for a moment. There have been debates about abortion for a long, long time. A mother in labor, in the process of delivering a child, this bill would allow a doctor to kill that child instead of delivering the child in the midst of labor. For a great many people, even Americans who identify as pro-choice, the idea of killing a child while the mother is in labor delivering the infant is horrifying beyond words. But Governor Northam didn't end there. He wasn't content simply with saying that abortion should be allowed even in the midst of birth. He went further. He said on that radio interview:

The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that's what the mother and the family desired. And then a discussion would ensue between the physicians and the mother.

Now, so nobody is lost on what Governor Northam was saying, he was describing something that has euphemistically been called post-birth abortion. He was describing his view of the right way to approach delivering a child, which is a child who is delivered, who is outside the womb, who is breathing and crying and living. That is an infant. And Governor Northam calmly, with virtually no emotion whatsoever, described comforting that infant and then having a conversation about whether to deny that child the necessary care to live or simply to callously let a newborn infant die.

For virtually every American, that is a concept that is so extreme, that is so radical, that—other than elected Democrats who have decided to embrace a radical view of abortion in all circumstances—almost every other American would be, rightly, horrified by the notion of a doctor allowing a newborn infant outside the womb to die. That was Governor Northam's position.

Well, tomorrow the Senate has an opportunity to speak out against those extreme, radical positions, to say this isn't OK, to draw a line, to find what should be some degree of common ground. We are going to be voting on two bills in the Senate tomorrow: the Born-Alive Abortion Survivors Protection Act and the Pain-Capable Unborn Child Protection Act.

I am proud to be an original cosponsor of both pieces of legislation. Those are both commonsense pieces of legislation that would work to restore fundamental rights for the unborn and for newborn babies. They are simple pieces of legislation.

The Born-Alive Abortion Survivors Protection Act requires doctors to provide medical care to infants who survive attempted abortion procedures. It