

Court that truly stands for equal justice under law, as Justice Ginsburg did. It is about whether we will protect women's rights, as Justice Ginsburg did throughout her career before and after being on the Supreme Court.

We know where President Trump stands on that. We know he was asked during his Presidential campaign on national television about a woman's right to reproductive freedom. He said that women who would choose to have an abortion should be punished—should be punished. And he has said that he will appoint a Justice who will make sure that is what happens. That is what he said.

We are going to see a Justice who wants to strike down workers' rights and protections, and we are going to see a Justice who wants to destroy the Affordable Care Act.

The Affordable Care Act provides important protections to the American people during ordinary times. It is especially important now, as we face this COVID-19 pandemic. We know it has been the goal of President Trump and Republicans for years to destroy and overturn the Affordable Care Act. After all, I think many of us remember being right here on the Senate floor in the summer of 2017. The Speaker of the House, Paul Ryan, and a majority of Republicans in the House at that time had passed a law to overturn the Affordable Care Act. President Trump was itching to sign it. But here in the Senate, we defeated that effort by one vote—one vote in the U.S. Senate.

Why did that happen at the time? A lot of people thought it was a forgone conclusion that this Republican majority Senate would vote to strike down the Affordable Care Act. It is because the American people rose up and said: Hell no. People with diabetes, cancer, heart disease, and other preexisting health conditions, and so many other Americans said: Do you know what? This isn't a partisan issue. It is not a partisan issue if I have cancer or diabetes or asthma or other preexisting conditions. Don't take it away.

Guess what. COVID-19 is not a partisan disease either. It will strike people, of course, regardless of political party.

So the American people got to the phones, got to social media, occupied people's offices, and they said: Hell no. And by one vote, we protected the Affordable Care Act here in the U.S. Senate.

That should have been the end of the story, but it wasn't because what Republicans could not do through the democratic process here in the U.S. Senate, they decided to take to the courts. President Trump and his Attorney General Barr are in court right now, trying to do there what they could not succeed in doing here in the U.S. Senate—trying to destroy and overturn the Affordable Care Act.

Guess when the Supreme Court hearing on that Affordable Care Act case is scheduled to take place: November 10—

November 10, 1 week—1 week—after the November 3 election.

So we see the power play here: Jam through a Supreme Court nominee. Put them on the Court in time for that hearing so they can hear the case and be part of overturning it.

Make no mistake, President Trump has pledged to appoint a Supreme Court Justice who will knock down the Affordable Care Act. We don't know who it is going to be, but we know it is going to be somebody who the President believes will strike down the Affordable Care Act.

How do we know that? Here is what Candidate Trump said: "If I win the presidency, my judicial appointments will do the right thing unlike Bush's appointee John Roberts on ObamaCare." That is Candidate Trump in June of 2015.

Here is what Candidate Trump said on another occasion:

I'm disappointed in [Justice] Roberts because he gave us ObamaCare. He had two chances to end ObamaCare. He could have ended it by every single measure and he didn't do it, so [it is] disappointing.

He says this on numerous occasions—numerous occasions.

He also tweeted out that in 2012, he supported—this is 2012 when now-Senator ROMNEY was running for President. Donald Trump tweeted out then: I am 100 percent supporting MITT ROMNEY's position that we need a Justice on the Court to strike down ObamaCare.

So nobody should be playing any games. The President has told us he is going to nominate somebody to strike down the Affordable Care Act. That hearing is scheduled 1 week after the November 3 election.

All of those issues are at stake right now. It appears that we have enough Republican Senators who have said that we will proceed to consider the nomination. They have abandoned the position that MITCH MCCONNELL, the Republican leader, and so many Senators took in 2016 with Barack Obama—President Obama—when they refused to provide a hearing. So we are going to proceed. But let's remember the President has pledged that he will nominate somebody who will get rid of the Affordable Care Act and who will strike down a woman's right to choose. That is what the President has said.

Just as the American people began to get to the phones and on social media and to contact their Senators in the summer of 2017 when healthcare was at risk, when the Affordable Care Act was at risk, we need to make sure that the word gets out again. Back in 2017, we stopped that from happening by one vote in the U.S. Senate because the American people understood what was at stake.

Here we are now, in a global pandemic. Instead of focusing on the pain the American people are feeling at the moment, instead of allowing us to vote on the Heroes Act, we have this Republican majority trying to power through

a Supreme Court nominee to strike down the Affordable Care Act, to do through the courts what they were unsuccessful doing here on the Senate floor in the summer of 2017.

Let's recognize the consequences of this abuse of power and the impact and harm it will do to the American people. Let's take the advice and dying wish of Justice Ginsburg: Allow the American people to speak on November 3 and then allow whoever is sworn in on inauguration day in January to put forward a nominee to be considered by the U.S. Senate.

Thank you.

I yield the floor.

THE PRESIDING OFFICER (Mr. CASSIDY). The Senator from Mississippi.

UNANIMOUS CONSENT REQUEST—S. 3072

Mrs. HYDE-SMITH. Mr. President, in a few moments, I will ask unanimous consent for the Senate to take up and pass legislation I have introduced to protect women from harm and to protect their health.

This is such an important issue to me as a Senator, as a woman, and as a mother. I am pleased several of my Senate colleagues have joined me on the floor to discuss this important issue, and I look forward to hearing their remarks as well.

Twenty years ago this month, the Food and Drug Administration approved, for the very first time, the abortion pill known as mifepristone. It did so under the immense pressure from the Clinton administration and its pro-abortion allies. However, when the FDA approved this drug, it recognized the serious risk of complications and life-threatening side effects that can be caused by this drug. Because of the risk of harm, and even death, the FDA put in place certain rules to protect the health of women. These rules are known as risk, evaluation, and mitigation strategies—or REMS for short—because they work to mitigate the risks posed by this drug to women.

These commonsense rules require a woman to see a doctor to get the drug, to be fully informed of the potential side effects and how she can seek followup treatment for those life-threatening side effects, and to offer her informed consent before being prescribed the drug.

These simple, commonsense rules have been in place to protect the health of women for over 20 years. Recognizing their importance, I introduced the SAVE Moms and Babies Act last year to codify these rules into law to make sure they remain in place to protect women from these serious side effects. However, pro-abortion forces oppose even these basic protections for women's health and have been working to undermine them, putting women at serious risk.

This summer, a judge in Maryland issued a nationwide injunction canceling these REMS rules for the entire country. We knew this was coming. Back in April, I led 150 Members of Congress, including 38 Members of this

body, in warning the FDA about this issue, and now pro-abortion advocates have found one activist judge to rule in their favor, putting women's health at risk in the middle of a pandemic.

Even with the REMS rules in place to protect women's health, a substantial number of women end up needing life-saving surgery or blood transfusions following chemical abortion. Sadly, some women have even died from these dangerous drugs.

Make no mistake, no protections mean more adverse events for women. These protections ensure that a doctor could examine the woman to see if she has an ectopic pregnancy or is RH negative. These conditions can seriously increase the risk of harm to a woman taking this drug.

No REMS protections means at-home abortion without medical oversight, putting women at risk of bleeding out and dying alone without a doctor to help her. No REMS protections mean that every State health and safety law that protects women from harm will be at risk. No REMS protections mean mail-order abortion without physicians providing the screenings recommended by the doctors and scientists at the FDA.

That is why it is more important than ever to pass my bill, the SAVE Moms and Babies Act, to codify into law the important FDA REMS rules that protect women from the dangers inherent in mail-order, do-it-yourself chemical abortions.

The PRESIDING OFFICER. The Senator from Utah.

Mr. LEE. Mr. President, an abortion is always tragic, as it involves the taking of an innocent human life, one that has yet to draw its first breath or commit its first sin. In the case of a chemical abortion, it sometimes takes two lives: that of the baby and that of the mother.

Advocates for this procedure will say that it is simple, it is easy, it is convenient, and it is safe. They claim that it is a good and valuable form of "healthcare" for women, but nothing could be further from the truth. The grim and gruesome reality is that this barbaric practice wreaks havoc on women's bodies and destroys the tiny bodies growing within them.

So just how does this procedure work? The details are not pleasant. First, the mother is given a pill that blocks progesterone. This, of course, is a hormone that is necessary for pregnancy, and it breaks down the lining of her uterus. Without progesterone, you see, the baby, whose heart is already beating, is starved to death and dies in her mother's womb.

Then, 24 to 48 hours later, the mother is given a second pill, one that empties her uterus by causing severe contractions and bleeding, mimicking early miscarriage. It can last anywhere from a few hours to a few weeks.

Planned Parenthood will try to gloss over the truth here, as elsewhere, claiming that a hot shower and some

ibuprofen are enough for a quick recovery to get the mother back on her feet, but, on average, the miscarriage lasts between 9 and 16 days and can last for as long as 30 days. Thirty days—that is a long time.

Most of the time these abortions are done at home. The mother is left to suffer alone, without care or medical attention, without supervision from a doctor or a nurse, and often without any followup whatsoever until 7 to 14 days later, if ever, keeping in mind that many of them don't get any followup care at all.

The result? Well, women have suffered tragic, gruesome, and horrific experiences using the abortion pill. It has caused nearly 4,200 adverse medical events, including more than 1,000 hospitalizations and nearly 600 instances of blood loss requiring transfusions.

Some women have even died. The FDA has reported 24 maternal deaths from the abortion pill just since its approval in 2000, and those are just the officially reported ones that we know of that have happened with the regulations we currently have in place. Based on the assumption that those regulations are in place, that is still a really high rate at which they die.

Some women need corrective surgery after taking the abortion pill and others require lifesaving procedures. And, somehow, we call this healthcare. This is not like popping a Tylenol. This two-step abortion cocktail poses severe risks to women, not even to mention their unborn babies.

In fact, abortion pills are one of only a few medications that require what is known as a risk evaluation and management strategy, a drug safety program that the FDA requires for medications with serious risks. Yet some are pushing to further expand access to these drugs and even further loosen the regulations around them.

Some activists are even pushing for access to the abortion pill by mail, meaning that the patient would never even have to be seen in person by any medical professional at all—not a medical clinic, not a doctor, not a nurse—nothing in person.

The standards of care surrounding this practice are already reckless, they are already harmful, and they are already causing misery, injury, suffering, and death. In fact, they are unacceptable standards of care for women and for babies. The last thing we should be doing is making them even worse, making them even more vulnerable than they already are.

So setting aside for a minute how you feel about other issues related to unborn human life in this area, let's just talk about this issue for a moment. Let's just talk about whether this issue is really one that we want to expand, where we increase the amount of misery, the amount of suffering, and the amount of carnage that would occur as a result of more people gaining access to this deeply flawed, very dangerous form of so-called healthcare.

That is why we ought to support the bill put forward by my friend and colleague Senator HYDE-SMITH. The SAVE Moms and Babies Act would prohibit the FDA from approving new abortion drugs, from loosening any regulations that exist on already approved abortion drugs, and from dispensing abortion drugs remotely or through the mail.

The purpose of healthcare is to heal, to preserve, and to protect human life. A chemical abortion happens in the first trimester of life, up to about the tenth week of pregnancy, when an unborn baby already has a beating heart, when an unborn baby already has a growing brain, and when the growing baby already has 10 fingers and 10 toes.

She deserves a shot at life, at the beginning of life, at the front door, and she deserves to not have it taken away and, literally, flushed down the drain. Mothers deserve the utmost care, protection, and support as they nurture the human life inside of them, not medical harm and not medical neglect.

Our healthcare system should protect and care for them both, and our laws should uphold the immeasurable dignity and worth of both. This bill is a step in the right direction, and I implore all of my colleagues to support this legislation.

The PRESIDING OFFICER (Mrs. HYDE-SMITH). The Senator from Louisiana.

Mr. CASSIDY. Madam President, I thank the Presiding Officer, Senator HYDE-SMITH, and Senator LEE for organizing this colloquy and participating in it in support of the Support and Value Expectant Moms and Babies Act. I love that title: Support and Value Expectant Moms. Isn't that great? We should.

I am a doctor—not an obstetrician, but, nonetheless, I have delivered babies. As a doctor, my mission was to save lives—I don't practice anymore; I use the past tense—and improve health outcomes for all patients.

We are here talking about chemical abortions. Chemical abortions don't do any of that. The health risks can be severe, obviously, for the unborn child but also, potentially, for the mom, and, particularly, when the mother has this without supervision by a healthcare provider.

The total absence of medical support is the total absence of care, and using potentially dangerous chemicals without medical support can lead to the absence of health. If Americans care about a woman's health, they should be concerned when such procedures are allowed.

Yet chemical abortions are on the rise. I am told that in 2017 they represented nearly 40 percent of all abortions. Due to a recent court case, women can begin to receive these through the mail, prescribed without even receiving a physical exam.

Now, the mom who selects that may not know the potential consequences, but, as a physician, I do. The potential

complications include, for example, if the mother has what is called an ectopic pregnancy, where the unborn child and the placenta are not in the womb but are outside of the womb. If that occurs and these pills are taken—the pill known as Mifeprex, RU486—it can cause that pregnancy to rupture, and instead of the bleeding coming out as the child would, through the vagina, it means that internal bleeding occurs, which can result in the mother's death.

Chemical abortions have four times the complications that surgical abortions do in the first trimester, and as many as 6 percent of women taking these abortion drugs require surgery to complete the abortion—potentially painful and life-threatening and, of course, horrific for the unborn child.

The American College of Obstetricians and Gynecologists has stated that “compared with surgical abortion, medical abortion takes longer to complete, requires more active patient participation, and is associated with higher reported rates of bleeding and cramping.”

The bill we are discussing today, the SAVE Moms and Babies Act, or the Support and Value Expectant Moms and Babies Act, takes substantive steps to protect the health of women and the unborn child. The bill prevents approval of new abortion drugs by the FDA, keeps the risk evaluation and mitigation strategy, or REMS, protocol, and curtails abortion pills from being dispensed by mail or through telemedicine.

I introduced the Teleabortion Prevention Act of 2020 in February, which requires a doctor to physically examine a pregnant mom before prescribing any abortion-related drugs and requires a followup appointment. We actually want women to receive healthcare, by healthcare providers who care about their health.

If Senators in this body really care about women's health, they should join with us to stop these do-it-yourself abortions. Preventing abortion protects unborn babies, but preventing chemical abortions protects women.

Let's work together to protect women by passing the SAVE Moms and Babies Act to forever end dangerous chemical abortions.

I yield the floor.

The PRESIDING OFFICER. (Mr. CASIDY). The Senator from Mississippi.

Mrs. HYDE-SMITH. Mr. President, as in legislative session, I ask unanimous consent that the Health, Education, Labor, and Pensions Committee be discharged from further consideration of S. 3072 and the Senate proceed to its immediate consideration. I ask unanimous consent that the bill be considered read a third time and passed and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

The Senator from Washington.

Mrs. MURRAY. Mr. President, reserving the right to object. The FDA

approved mifepristone nearly 20 years ago, and leading medical organizations have made clear that restrictions on it like those that are in this bill are not based on evidence or patients' best interests. This bill is not about science or healthcare or what is best for women across the Nation. It is about ideology and Republicans wanting to do every single thing they can to chip away at the right to a safe, legal abortion.

Not on my watch. This is far from the only Republican effort to ignore the science and the medical professionals and overrule the personal decisions of patients across the country.

At this very moment, they are gearing up to jam through President Trump's Supreme Court nominee and strike down *Roe v. Wade*. But as sure as I am standing here today to oppose this effort to restrict women's reproductive rights, you can bet I will be standing with women and men across the country to oppose that one too.

I will offer legislation in a moment that actually does work to protect and help women and families in a moment, but for now, on this request, I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Washington.

UNANIMOUS CONSENT REQUEST—S. 4638

Mrs. MURRAY. Mr. President, we are in the middle of a pandemic. Two hundred thousand people have died, millions more have been infected, and this crisis is nowhere close to being over. But are Republicans are offering solutions? Not even close.

We need to be prioritizing science. Instead, they are offering a bill that prioritizes partisan ideology. We need to be making it easier for people to get the care they need. Instead, they are offering a bill with the sole purpose of putting up unnecessary barriers to care. And not only are they wasting time on their partisan war against abortion with this bill—which they know is a nonstarter—they are preparing to jam through a Supreme Court nominee who would make things even worse.

They are fighting to not just overturn *Roe v. Wade* but to strike down healthcare for tens of millions of people and strike down protections for people with preexisting conditions and to send healthcare costs skyrocketing—all during a pandemic.

I can't believe I have to say this, but we need to be taking steps to make this crisis better, not worse, which is why I am going to offer a unanimous consent request that the Senate proceed to S. 4638—the Science and Transparency Over Politics Act, which Senator SCHUMER and myself and 32 other Democrats introduced today.

Unfortunately, we have seen the Trump administration repeatedly take dangerous steps to undermine and overrule the experts at our Nation's public agencies. We have seen the President spread lies and misinformation and conspiracy theories about

their work. We have seen his officials meddle with key scientific reports and apply pressure to promote unproven treatments. And we know this interference can damage public confidence in the science-based guidance our experts issue to help save lives and in their efforts to evaluate a vaccine and make sure it is safe and effective. We just can't let that happen.

This reckless interference didn't start yesterday, and it is clear it is not going to stop tomorrow. So I believe Congress needs to take action to make it stop.

The STOP Act would do just that by providing much needed transparency and accountability. Given how many Republicans have said we need to be listening to the experts and following the science, this bill should not be controversial. It should be common sense.

Mr. President, as in legislative session, I ask unanimous consent that the Health, Education, Labor, and Pensions Committee be discharged from further consideration of S. 4638, and the Senate proceed to its immediate consideration. I ask unanimous consent that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

Mrs. HYDE-SMITH. I object.

The PRESIDING OFFICER. Objection is heard.

Mrs. HYDE-SMITH. Mr. President, reserving the right to object, I am disappointed but can't say I am surprised that the Senators on the other side of the aisle have objected to the SAVE Moms and Babies Act. The Democrats have shown time and again that they would rather put the profits of the abortion industry over protecting women. That is what is happening again today.

Make no mistake, the Democrats are trying to change to another bill because they want to distract you from what my bill is about. My bill is about protecting women from dangerous at-home abortions without a physician involved whatsoever. That is what my bill does—ensure women have to see a doctor to get this drug, ensure the doctor can examine her to see if she has any conditions that might make her at higher risk for complications, make sure she is fully informed and consents that she is not coerced.

Democrats objecting to this shows you how far to the left the Democratic Party is on abortion. Passing my bill should be a no-brainer. The REMS rules were put into place by a Democratic FDA to protect women. They have been in effect for 20 years, until the judge in Maryland fell for some far-fetched arguments from abortion advocates.

The FDA and HHS implement government health and safety regulations to protect patients and ensure that doctors are doing their job, to make