day-to-do life. Alumni and alumnae have been behind many innovations and technologies that are foundational to our modern life, like transistors—something as basic as that.

This resolution celebrates 150 years of Purdue engineering and the significant accomplishments Purdue engineering alumni and alumnae have had on our world.

Mr. President, I ask unanimous consent the Senate proceed to the consideration of S. Res. 830, which is at the desk.

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

The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 830) recognizing the 150th anniversary of Purdue University Engineering.

There being no objection, the Senate proceeded to consider the resolution.

Mr. BRAUN. Mr. President, I ask unanimous consent the resolution be agreed to; the preamble be agreed to; and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 830) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today's RECORD under ''Submitted Resolutions.'')

PURPLE MARTIN CONSERVATION DAY

Mr. BRAUN. Mr. President, I rise today on another topic, one that is dear to me. I have been involved in this pastime since I was 10 years old. Most of you may not know where I am going to go, but it is one of the most unique birds that the good Lord ever created. It is called a purple martin. It is a bird, about 8 ounces or so, that migrates back and forth from North America to the Amazon. Does it each year.

I became a landlord for them back many, many years ago. And it is the only bird, through adapting, that is now totally dependent on man-made housing—you have seen gourds out there. They are a bird that only lives in a colony; most song birds are territorial. A really unique bird.

There is actually an association called the Purple Martin Conservation Association, where avid supporters support it across the country.

Due to habitat loss over time, where their normal habitat would have been in the wild, many years ago Inuits lured them into their own communities because the purple martins only eat flying insects. Truly an amazing bird that has been under some pressure recently. And if that heritage isn't continued, since they are now dependent on man-made housing, we could lose one of the most unique birds that God ever created.

Efforts from conservationists across the country have been mostly behind making sure that this heritage remains. This is a resolution that celebrates the efforts of all of them. It designated this past August 10 as ''Purple Martin Conservation Day'' to recognize their work and to protect this natural treasure.

This resolution was endorsed by the National Audubon Society, North American Bluebird Society, the Purple Martin Conservation Association, and many other naturalists and conservation groups.

Mr. President, I ask unanimous consent that the Committee on the Judiciary be discharged from further consideration and the Senate now proceed to the consideration of S. Res. 803.

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

The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 803) recognizing the importance of purple martins to United States ecosystems, tourism, and history by designating August 10, 2024, as ''Purple Martin Conservation Day''.

There being no objection, the committee was discharged, and the Senate proceeded to consider the resolution.

Mr. BRAUN. I ask unanimous consent the resolution be agreed to; the preamble be agreed; and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 803) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of August 1, 2024, under ''Submitted Resolutions.'')

The PRESIDING OFFICER. The Senator from Indiana.

Mr. BRAUN. I ask that the scheduled vote occur immediately.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

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 Executive Calendar No. 700 Rose E. Jenkins, of the District of Columbia, to be a Judge of the United States Tax Court for a term of fifteen years.

Ron Wyden, Alex Padilla, Debbie Stabenow, Catherine Cortez Masto, Mark Kelly, Jack Reed, Tim Kaine, John W. Hickenlooper, Christopher Murphy, Robert P. Casey, Jr., Richard Blumenthal, Benjamin L. Cardin, Christopher A. Coons, Margaret Wood Hassan, Chris Van Hollen, Tammy Baldwin, Tina Smith.

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 Rose E. Jenkins, of the District of Columbia, to be a Judge of the United States Tax Court for a term of fifteen years, 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. DURBIN. I announce that the Senator from Oregon (Mr. WYDEN) is necessarily absent.

Mr. THUNE. The following Senators are necessarily absent: the Senator from Tennessee (Mrs. BLACKBURN), the Senator from Kansas (Mr. MARSHALL), the Senator from Kansas (Mr. MORAN), the Senator from South Dakota (Mr. ROUNDS), the Senator from Missouri (Mr. SCHMITT), the Senator from North Carolina (Mr. TILLIS), the Senator from Alabama (Mr. TUBERVILLE), and the Senator from Ohio (Mr. VANCE).

Further, if present and voting: the Senator from North Carolina (Mr. TILLIS) would have voted ''yea.''

The yeas and nays resulted—yeas 76, nays 15, as follows:

[Rollcall Vote No. 248 Leg.]

YEAS—76

Baldwin	Gillibrand	Padilla
Barrasso	Graham	Peters
Bennet	Grassley	Reed
Blumenthal	Hassan	Ricketts
Booker	Heinrich	Risch
Britt	Helmy	Romney
Brown	Hickenlooper	Rosen
Budd	Hirono	Sanders
Butler	Hoeven	Schatz
Cantwell	Hyde-Smith	Schumer
Capito	Johnson	Shaheen
Cardin	Kaine	Sinema
Carper	Kelly	Smith
Casey	Kennedy	Stabenow
Cassidy	King	Tester
Collins	Klobuchar	Thune
Coons	Luján	Van Hollen
Cornyn	Lummis	Warner
Cortez Masto	Manchin	Warnock
Cramer	Markey	Warren
Crapo	McConnell	Welch
Daines	Merkley	Whitehouse
Duckworth	Murkowski	Wicker
Durbin	Murphy	Young
Fetterman	Murray	
Fischer	Ossoff	

NAYS—15

Boozman	Hagerty	Paul
Braun	Hawley	Rubio
Cotton	Lankford	Scott (FL)
Cruz	Lee	Scott (SC)
Ernst	Mullin	Sullivan

NOT VOTING—9

Blackburn	Rounds	Tuberville
Marshall	Schmitt	Vance
Moran	Tillis	Wyden

The PRESIDING OFFICER (Ms. BUTLER). On this vote, the yeas are 76, the nays are 15.

The motion is agreed to.

The Senator from Connecticut.

HEALTHCARE OWNERSHIP

Mr. MURPHY. Madam President, when I was growing up, I had a pediatrician. His name was Dr. Cartlon. He was kind. He was reassuring. His advice and his comfort meant a lot to my parents, who were young parents and in need of a steady shoulder to lean on

when their kids were born. I remember Dr. Cartlon distinctly even though he retired when I was pretty young, and I remember that he was a really important part of my family's support system. He was an important part of our community and family identity.

My kids don't have a pediatrician; they have many pediatricians. That is because the big pediatric practice that we use decided that it was inefficient and not cost-effective to assign one pediatrician to every family.

Every time we book an appointment, we go see a different doctor at this practice. They are all competent. Our kids are healthy. This very efficient system—it does mean that we probably get in to see a doctor faster than when my parents were trying to find a last-minute appointment with only a very busy Dr. Cartlon. It is an efficient system, but it is hollow. I don't know any of the doctors' names. We have no relationship with one pediatrician. It is clinical. It is not personal. And while we get good care, I admit it leaves you feeling a little bit empty, a little bit alone, as if you are just a number or a name in an appointment book. Without a Dr. Cartlon that you can count on, that experience is a little less assuring.

So I got curious, and I looked up who owns this very competent, very efficient pediatric practice that we use. What I learned is that the primary investor in our children's pediatric practice is Goldman Sachs.

A Wall Street investment bank owning your children's pediatrician would have sounded silly to Americans a generation ago, but today, the role of private equity and hedge funds and big banks in healthcare ownership is one of the most important stories in healthcare, and by and large, it is bad news for patients.

Right in front of our eyes, the defining purpose of our healthcare system is being transformed. Our hospitals and our nursing homes, our hospice care, even our kids' pediatric practices now exist often for the primary purpose of making obscene amounts of money for investors. It is not about keeping us healthy; it is about return on investment. That is what I want to spend a few minutes talking to my colleagues about today.

Historically, you could count on your doctor's office and your nearest hospital to be locally owned, likely to be not-for-profit, and trust that the reason they existed was to make sure that patients got the care they needed. The people that owned the healthcare institutions you counted on lived in your community. They didn't answer to New York private equity firms or Los Angeles investment companies; they were accountable to you, to their neighbors.

That really mattered. It made you feel safe. It reassured you that you or your loved ones were in good hands—because ultimately that is the only thing that matters. When we are at our most vulnerable—whether that be because of something joyous, like a pregnancy, or something more worrying, like a difficult diagnosis—all we want to know is that the priority at that institution that we or our loved one is at is that we are being taken care of, that the primary motivation of the person taking care of us is taking care of us, but increasingly, that is no longer the case.

Let's just take for today private equity firms—companies that buy up companies, extract as much rent from them as possible, and then quickly turn them over to the next highest bidder.

Over the past decade, private equity investors have spent more than $1 trillion acquiring hospitals, nursing homes, and physician practices. You can see here in this chart that private equity acquired six times as many medical practices in 2021 compared to just a decade earlier, in 2012.

The reach today of private equity in our healthcare system is enormous. Think everything from specialists, like OB/GYNs and anesthesiologists, to generalists, like primary private care providers and emergency services and urgent care. You might not even know that the new doctor you are seeing or the place where you are getting your blood work done is owned not by anybody in your community but by a far-off private equity firm.

To understand why this is so dangerous, you just have to understand what private equity is all about and how it makes a very small number of people a ton of money. The playbook is pretty simple. Private equity firms invest in companies—largely through borrowed money—then flip them for a quick profit to enrich themselves and their investors. It is called buy, strip, flip.

Buy: The private equity firm uses a leveraged buyout normally, meaning they put up a small amount of their own money and borrow all the rest, immediately saddling their new purchase with huge amounts of debt.

Strip: They comb through the balance sheets to find as many cost-cutting opportunities as possible. They lay off workers. They stop paying vendors. They even might sell the land underneath the company that they bought, giving themselves a big one-time payout, leaving the company to pay rent on the space that they used to own.

And then flip: They find a new buyer or they get bailed out by somebody—sometimes even government—and walk away richer than before and completely insulated from any legal or moral fallout from the consequences of their actions.

Short-term profit is the priority, and in the healthcare system, that comes with real risk and downside because at the moment you are most vulnerable, you want to make sure that the priority is taking care of you.

Let me tell you a story to give you a little example about how this works. Prospect Medical Holdings is a safety-net hospital operator, which means they provide healthcare to people who are on Medicaid, people who don't have insurance. Prospect was acquired by a private equity firm in 2010 and currently owns 16 hospitals in this country in Pennsylvania, California, Rhode Island, and Connecticut.

Before we get into the details, let's talk about how a private equity firm buys a hospital. They raise capital from investors, but a huge portion of the money they raise, as I mentioned before, is borrowed. So from the start, the hospital that they are buying is millions of dollars in debt, additional debt, and is immediately responsible for generating revenue to pay that debt—debt that the hospital didn't acquire, debt that is on the hospital because the ownership company borrowed the money in order to buy the hospital. Sometimes that means taking a bad financial situation and ultimately replacing it with an even worse one.

So in 2016, this company, Prospect, bought three hospitals in my State—Rockville General, Manchester Memorial, and Waterbury Hospital—for a total of $150 million. Combined, these hospitals serve about 600,000 patients. They employ about 4,000 people.

For most of the people who live in this area, these hospitals are their best and sometimes their only option. Access to emergency rooms, especially if you live in one of the more rural parts of the State, can be a matter of life and death. Many of the patients are on Medicare and Medicaid, and they might not have access to transportation that would allow them to get to a hospital farther away.

I should note that 80 percent of Prospect's revenues come from Medicare and Medicaid reimbursement, meaning this company and the hospitals it owns are largely funded by us, by taxpayers.

These hospitals in Connecticut, I will admit, weren't in great financial shape when they were bought. But they were hopeful that these new owners—these new owners with lots of money at their disposal—would bring an infusion of investment—that is what was promised—and would help right the ship.

Two years after their purchase, the hospitals in Rockville, Manchester, and Waterbury hadn't seen much of any improvement or investment. In fact, they were beginning to fall into greater disrepair. As the three of them entered some pretty dire financial straits, Prospect didn't make further investments. They took out a $1.1 billion mortgage and made these hospitals the collateral. Surely, they put some of that money—they used the hospitals as collateral. They raised $1.1 billion. Surely, they put that money back into the hospitals to pay for the repairs and improve their financial situations.

You know the story. They didn't do that. In fact, half of that loan—they used the hospitals for collateral. Half of that loan went to dividends to investors and executives across the country in California, where Prospect was located. And $90 million went straight to

one person, the CEO. Let me guarantee you, $90 million would have made a huge difference at Waterbury Hospital. It would have saved lives. But Waterbury Hospital was used as collateral so that Sam Lee, the CEO, could make $90 million. Next to nothing went toward a single one of the 16 hospitals that Prospect owns across the country. Prospect owes the State of Connecticut $67 million in unpaid taxes. They owe the low-income city of Waterbury, which struggles to pay its elementary school teachers, $10.5 million. None of that money went to pay the taxes they owe Connecticut and the city of Waterbury.

Prospect's CEO made $90 million while his company refused to pay taxes. But maybe, you ask, the CEO really needed the money. Well, he didn't. It is just greed. This guy, Sam Lee, I don't know him, but he owns not one but two luxury homes in Los Angeles. They are worth more than $15 million combined. Each of them has its own pool. One even has its own private basketball court. They are 11 minutes from each other. Sam Lee pillaged three Medicaid hospitals in Connecticut so he could have two mansions 11 minutes apart.

But here is the real problem. Sam Lee isn't the exception; he is the rule.

We just finished up a set of hearings in meetings on Steward Health Care, which used the same playbook as Prospect to run their hospitals into the ground while their out-of-State CEO also cashed out. The hospitals Steward bought in Louisiana and Massachusetts were gutted.

A nurse testified before our committee this month that they put dead babies in cardboard boxes because they wouldn't pay for the kind of temporary coffin that would normally be used for a dead child. The nurses would leave during the day to go to local stores to buy basic supplies on their own dime because they didn't have them in the hospital.

The elevators in these Steward Health Care hospitals stopped working. Why? Well, in this case, it is so that CEO, Ralph de la Torre, who ignored a congressional subpoena to appear before the HELP Committee this month, could buy a $40 million, 190-foot yacht with six bedrooms that costs $4 million a year just to keep in the water—dead babies in cardboard boxes so that a CEO could burn $80,000 a week on a crew and shrimp cocktails and champagne for his private yacht. That is obscene. That is revolting. But that is our choice. That is the healthcare system that our laws currently allow to exist.

What is happening at Prospect and Steward is happening all over the country. I am not saying that every private equity firm is as rapacious as those that I am talking about today. And private equity firms will tell you these hospitals and nursing homes were inefficient before they bought them, and they will claim that the private equity ownership increased efficiency and quality.

But here is maybe the most important thing to tell you. It is just not true. Yes, as I explained with regard to my own pediatric practice, efficiency—profit-maximizing efficiency—is often not good for the well-being or the peace of mind of patients. My kid's pediatric practice is efficient, but it doesn't deliver the same kind of satisfaction and peace of mind as it does when you have a reliable pediatrician.

But, more importantly, there is actually no evidence that private equity ownership increases quality or reduces costs. As I am going to tell you, the evidence suggests exactly the opposite is true.

A recent study from Harvard Medical School asked the simple question: Are patients at hospitals acquired by private equity receiving worse care than patients at hospitals not owned by private equity? Researchers analyzed insurance data from almost 5 million Medicare hospitalizations for 10 years, and the findings were stunning, though not surprising.

After a hospital was acquired by a private equity firm, there was a 25-percent increase in complications for patients. Patients experienced 27 percent more falls, 38 percent more bloodstream infections. The rate of surgical site infections was double that of hospitals not owned by private equity. Those are stunning numbers. This is not patient care being 5 percent worse, 10 percent worse. You are talking about infection rates after surgeries having doubled, just because a private equity firm owns it, rather than the hospital being in the hands of the local community.

Why? When private equity takes over, it is mostly not about the patient. It is about the profit. How do you maximize profit really quickly? You have to do it really quickly because you have to start paying back those loans you took out to buy the hospital. You have to start getting ready to flip the asset. You have to make the rich CEOs even richer.

What do you do? You fire employees to cut costs. You force the remaining doctors and nurses to just see more patients for less time. You cut corners on supplies and equipment. You discharge patients much more quickly if that makes you more money.

OK, that is quality. But what about cost? It turns out that private equity ownership is driving up costs for premium payers and taxpayers. One study looked at what happens when a private equity firm engages in a rollup strategy, otherwise known as buying up a lot of small doctor groups in the same market. That study found that in 8 out of 10 specialities they looked at, from oncology to primary care, the price of care went up after these private equity rollups by as much as 16 percent.

So when private equity buys up a healthcare practice, quality goes down, satisfaction goes down, cost to consumers and the government goes up.

It begs a larger question: How has capitalism gone so far off the rails? How have the rules of our economy become so unmoored from the common good and any conception of morality? No one in this country would endorse the healthcare system in which nurses at a hospital are forced to go to the local CVS because the emergency room ran out of Pedialyte, just so the hospital owner could pay for the expensive upkeep of a luxury boat. Nobody in this country thinks it is OK for a hospital CEO to refuse to pay taxes so he can easily make his mortgage payments on his two luxury homes 11 minutes away from each other.

These private equity CEOs, who are hurting people in order to fund their lavish lifestyles, most of them don't think they are doing anything wrong. They think they are just playing by the rules. And to an extent, they are right, because our government, our culture, and our society have deemed it OK for people to make a fortune even when it comes at the expense of hurting other people.

Listen, there are parts of the economy where maximizing profit aligns with maximizing quality, but healthcare is not one of them. People are dying in these hospitals and nursing homes so that the executives can get rich. That is not right, and we don't have to accept it.

We can build a free-market economy that has guardrails to protect against the worst kind of immoral greed and excess. I don't begrudge anybody making money, but if you are making money off the most sacred parts of our economy, like our Medicaid hospitals, and you are making money basically by funneling taxpayer dollars to your own pocketbook, there has to be a limit.

And, today, I am just outlining the problem. But make no mistake, there are solutions. Congress and the President do not have to accept this trend of private equity ownership in our healthcare system and the abuse that it allows.

For instance, the Biden administration and the FTC, through Chair Lina Khan, are taking these risks seriously. They are filing anti-trust suits against private equity-backed healthcare monopolies.

In the Senate, the HELP Committee, as I mentioned, just finished a hearing on the abuses of that one company, Steward Health Care, and we heard outrage from both Republicans and Democrats on the committee. When that CEO refused to testify—ignored the subpoena—Republicans and Democrats voted to sanction him for that illegal action. Congress can take a stand and limit or restrict private equity or investor ownership of healthcare institutions that receive a bulk of their revenue from Federal programs like Medicare or Medicaid.

Let's be clear. This is not the only problem in the American healthcare system. We have a lot of work to do to increase quality and reduce costs. But this new phenomenon—the

financialization of healthcare and the rapidly increasing ownership of healthcare intuitions by private equity—has happened virtually overnight, with little public discussion, and it has made all of the failures that already existed in our healthcare system 100 times worse. It has been a boon to the private yacht industry, but it has been largely miserable for patients.

It might feel like this train has left the station, but it has not. It is not too late to turn it around. Congress can and should act.

I yield the floor.

The PRESIDING OFFICER (Mr. BOOKER). The President pro tempore.

ABORTION

Mrs. MURRAY. Mr. President, I rise today to speak about a new resolution that I introduced which reaffirms the basic principle that when you go to the ER, they should be allowed to treat you.

When your life is in danger, doctors should be able to do their job. And when you need emergency care, including an abortion, no politician should stop you from getting it. This is so simple.

And yet, when President Biden and Vice President HARRIS tried to make that clear, Republicans worked to stop them, opposing the basic notion that, yes, ER doctors might have to provide emergency abortion care to save a woman's life.

Make no mistake, we are talking about women whose water breaks dangerously early or who are experiencing uncontrollable hemorrhage or sepsis or preeclampsia.

These are patients we are saying doctors should treat under the basic right to emergency care. These are the women Republicans don't think deserve access to emergency care.

I don't know where on the long path of anti-abortion extremism that saving lives became a bridge too far for so many Republicans, but that is where we are. It is not just an extreme position, it is a very dangerous one, and it is a deadly one.

There are so many tragic stories about how Republican abortion bans are hurting women. Those stories include women who have been unable to get an abortion after a pregnancy became bad for their health, unable to get one after the situation had become a medical emergency, unable to get one until the only option was a hysterectomy that totally ends their dream of having a child one day, and in some heartbreaking cases, women have been unable to get an abortion until it is too late. They have died. They have died because Republican bans denied and delayed the care they needed.

Just this week, we heard the stories of two Black mothers who lost their lives in Georgia due to the State's draconian abortion ban. According to a report from ProPublica, in 2022, after Georgia's 6-week abortion ban went into effect, a pregnant woman went into the ER. She was a single mom. She had a serious infection and needed a D&C. That is a routine procedure and the standard of care for her condition.

Her case was not a mystery, but even if it was clear that a D&C would save her life, it was not clear her doctors could provide that without facing legal danger under their State's abortion law. Her condition worsened. Her blood pressure dropped. Her organs started failing. And by the time she got the procedure, 19 hours after she arrived at the ER, it was too late, and tragically she died.

The State's medical review committee concluded there is a good chance she would have survived if the procedure had happened sooner. Her name was Amber Thurman.

Another Black woman in Georgia died without ever seeking medical care. She was too afraid to see a doctor given ''the current legislation on pregnancies and abortions.''

The State's medical review committee also found her death to be preventable, a heartbreaking outcome for the three children she left behind. Her name was Candi Miller.

How can that be the status quo in our country in the 21st century? How is anyone OK with this? How does anyone think that these extreme abortion bans are a good idea? How does anyone oppose clarifying women have a right to emergency care? Don't we want our hospitals to save lives?

How can anyone look at this wreckage? How can you hear the stories from doctors who are wracked with guilt for decisions Republican politicians made for them? How can you hear the stories from these women who have bled and suffered and died? How can anyone hear the chilling accounts of women who have died and just shrug it off and say, ''Well, I am sure this will blow over'' or ''It wasn't so bad''?

And yet we have Republicans, by and large, just trying to ignore this and trying to get everyone to whistle past the graveyard that they spent decades digging.

As if a woman would ever in her life forget the time her doctor said: Yes, you are in danger; yes, we know how to treat you; but, no, I can't do it—politicians won't let them.

As if a mother would ever forget losing her daughter because she was denied care; as if a husband would ever forget losing his wife; as if a kid growing up without a mother because she was denied emergency abortion care will ever, ever for a single day of their life forget this.

We have Republican-led States hearing from providers about how completely unworkable and dangerous these bans are and not really lifting a finger to meaningfully address this problem. We have States where people are trying to put it to the voters, trying to let the people have their say on these bans, and Republicans have been fighting those tooth and nail, tooth and nail, to block them—just to let people have their say.

And we have Donald Trump still, after all this has happened, saying everyone wanted Roe overturned. That is what he said. Everyone wanted Roe overturned? Whom is he listening to? He is saying it is great States can cause this chaos; it is great politicians can effectively lock patients out of an emergency care room.

Make no mistake, this is the post-Roe world Republicans spent decades fighting for. This is the policy outcome that Trump and Republicans moved Heaven and Earth to achieve, and they make that clearer and clearer every time they not only refuse to lift a finger to stop it, but Republicans even filed a brief telling the Supreme Court, essentially: No, we don't think doctors should be required to provide abortion care when a patient's life is at stake—when a patient's life is at stake.

If Republicans thought even in the slightest that this is a problem, they could start by cosponsoring our resolution saying it is a problem. This should not be a hard step. Let's see who takes me up on that offer. I am waiting to see.

When I think about the carnage that Republican abortion bans have caused, I truly cannot put my outrage into words, but I can be here, and I can share the horror stories I am hearing on the Senate floor and give voice to those patients and providers who are living this nightmare firsthand: dying women being turned away from an emergency room, being left to bleed out, left to get sicker, left to miscarry on their own. The lucky ones—the lucky ones—get airlifted to a State like mine where abortion is legal and protected.

By July of this year, one hospital in Idaho, next to my State, had already airlifted six pregnant women out of the State for emergency abortion care. The unlucky ones died.

We can't look away from this hard reality: here in America, in the 21st century, pregnant women dying not because doctors don't know how to save them but because doctors don't know if Republicans will let them.

As the Presiding Officer well knows, we have a maternal mortality crisis in this country, and these bans are making it worse. We are moving in the wrong direction. And to Republicans who have the gall to talk about exceptions for the life of the mother, while arguing against abortion care as emergency care, even when it is lifesaving, what do you think emergency care is for? What do you think emergency care is for?

And let's be clear, providing emergency stabilizing care is the bare minimum to keep a patient alive. These women may have undergone tremendous trauma and suffering up until they meet the threshold for emergency stabilizing care. It should never have to get to that point.

Women should not have to lose organ function before they can get medical care. They shouldn't have to bleed out

in a parking lot. They shouldn't have to be left to miscarry on their own.

Their husband shouldn't have to find them, when he comes home, bleeding and unconscious and call 9–1-1 in a panic. This is what is happening, and I know the Presiding Officer feels the same; we are not going to stand for this. This will not become a new accepted normal, period.

Democrats are going to continue to be here to tell these women's stories. We are going to continue pressing to fully restore reproductive freedoms for every woman in America, and we are going to continue to be putting a white-hot spotlight on the devastating, deadly fallout of Republicans' extreme anti-abortion policies of Donald Trump abortion bans and on the cruel callousness Trump has offered in response—never missing an opportunity to gloat about overturning Roe v. Wade.

Women and families are listening to him gloat. They are not going to forget, and I know we won't.

I yield the floor.

The PRESIDING OFFICER. The President pro tempore.

LEGISLATIVE SESSION

MORNING BUSINESS

Mrs. MURRAY. Mr. President, I ask unanimous consent that the Senate proceed to legislative session for a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO JAMES L. PALMER

Mr. DURBIN. Mr. President, I have served on the Senate Judiciary Committee for more than 20 years, including the most recent 3-and-a-half years as chair. I have come to know many of the dedicated professionals across our Nation who have devoted their careers to the law, the Constitution, and equal justice. Next month, one of those dedicated professionals, Jim Palmer, of Quincy, IL, will be celebrating his 50th year as a litigator.

A Quincy native, Jim is Illinois educated through and through—having earned his undergraduate degree from Quincy University and his law degree from the University of Illinois College of Law. After graduating from law school, he served as a law clerk for the Fourth District Appellate Court in Springfield. And following that, Jim worked as an associate and then made his way to partner at a law firm, spending the rest of his career with his name on the door of that practice. His experience has spanned a wide range of legal issues, from estate planning to insurance defense to complex litigation. For much of his career, he has also concentrated on issues involving questions interpreting Federal statutes and the U.S. Constitution.

Throughout his life, Jim's commitment to the law also inspired him to give back to his community, Illinois, and the country. For nearly three decades, Jim served as a member of the Attorney Registration & Disciplinary Commission of the Illinois Supreme Court. And in Adams County, IL, he tried criminal cases—serving as a part-time public defender representing indigent defendants and later as a part-time assistant State's attorney. In all of these endeavors, Jim used his knowledge of the law to help advance that ever-important goal of equal justice.

But if you don't take my word about how excellent of an attorney Jim is, his awards and recognition speak for themselves. He is a graduate of the National Institute for Trial Advocacy, a recipient of the Liberty Bell Award from the Illinois State Bar Association, and a member of the Leading Lawyer Network, where he has been recognized as an outstanding defense counsel and general civil litigator in the State.

But more than just practicing law, Jim has taken it upon himself to teach the law. Since 1979, Jim has taught classes including criminal law, criminal procedure, and constitutional law at Quincy University, helping to mold the next generation of lawyers, judges, and legal scholars. He also lectures on a regular basis for the Pursuit of Learning in Society—POLIS—a program sponsored by Quincy University that allows retired adults to continue the lifelong journey of learning.

Jim, congratulations on 50 years of legal practice. Illinois' legal profession is stronger with you in it. I am lucky to call you a friend. To your wife Ann; your children Mark, Jennifer, and Christopher; and your grandchildren Luke, Eli, Dylan, and William Michael, you should be incredibly proud of Jim. I hope you all take time to be outside, travel, and maybe even pet some Newfoundland dogs in celebration of this momentous milestone.

BUDGET SCOREKEEPING REPORT

Mr. WHITEHOUSE. Mr. President, I submit to the Senate a letter from the Congressional Budget Office, dated today, that tallies the effect of enacted legislation on the fiscal year 2025 budget. There hasn't been any.

The Fiscal Responsibility Act of 2023 included provisions that acted as a budget for fiscal years 2024 and 2025. On May 14, 2024, I filed the budgetary levels used for the fiscal year 2025 budget; since then, no legislation has cleared Congress that changes revenue or mandatory spending by more than $500,000 over 10 years. The effects round to zero.

I ask unanimous consent that CBO's letter be printed in the RECORD.

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

CONGRESSIONAL BUDGET OFFICE,
U.S. CONGRESS,
Washington, DC, September 19, 2024.

Hon. SHELDON WHITEHOUSE,
Chairman, Committee on the Budget,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: This letter reports on the effects of Congressional action on the fiscal year 2025 budget and is current through September 16, 2024. It is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

Since May 14, 2024, when the Chairman of the Senate Committee on the Budget printed allocations, aggregates, and other budgetary levels in the *Congressional Record* (pursuant to section 122 of the Fiscal Responsibility Act of 2023, Public Law 118–5), the Congress has cleared no new legislation with significant effects on budget authority, outlays, or revenues in 2025.

This is the first current level letter for 2025.

Sincerely,

PHILLIP L. SWAGEL.

TRIBUTE TO ROBERT SUNSHINE

Mr. WHITEHOUSE. Mr. President, along with the distinguished ranking member of the Budget Committee, Senator GRASSLEY, we congratulate Robert Sunshine on his retirement after 48 years of service to the Congressional Budget Office, Congress, and our country.

We would like to take a few minutes to honor this truly exceptional public servant and the legacy he leaves behind. Throughout his distinguished career, Bob has served as a mentor to countless members of the CBO staff—and to many a CBO Director—and he has remained steadfast in his commitment to CBO's mandate to be objective, impartial, and nonpartisan.

Bob joined CBO in 1976, when the Agency was in its infancy, and his first job was as principal analyst covering transportation issues. In 1995, Bob became the Budget Analysis Division's Deputy Assistant Director, and in 1999, he was named CBO's Assistant Director of Budget Analysis. He oversaw much of the Agency's work, including the preparation of cost estimates for legislation being considered by Congress and the preparation of the multiyear budget and economic projections that are the foundation of the congressional budget process.

Mr. GRASSLEY. Mr. President, Bob served as Acting Director of CBO from November 25, 2008, to January 22, 2009, before becoming senior adviser to the Director and unofficial quality control officer for CBO's written products.

Douglas Holtz-Eakin, CBO's Director from 2003 to 2005, described Bob as ''the living heart of CBO.'' Peter Orszag, CBO's Director from 2007 to 2008 said, ''It is no exaggeration to say that CBO is what it is today—rigorous, independent, and widely respected—in no small part because of Bob Sunshine. For nearly half a century, he has worked in service of facts, good analysis, and sound policymaking.''

Bob is highly regarded on both sides of the aisle for his deep knowledge of the budget process and commitment to