

Senator from Kentucky (Mr. McCONNELL), and the Senator from Alabama (Mr. TUBERVILLE).

Mr. DURBIN. I announce that the Senator from Colorado (Mr. BENNET), the Senator from New York (Mr. GILLIBRAND), and the Senator from California (Mr. SCHIFF) are necessarily absent.

The result was announced—yeas 50, nays 44, as follows:

[Rollcall Vote No. 188 Ex.]

YEAS—50

Armstrong	Fischer	Moran
Banks	Graham	Moreno
Barrasso	Grassley	Murkowski
Blackburn	Hagerty	Paul
Boozman	Hawley	Ricketts
Britt	Hoeven	Risch
Budd	Husted	Rounds
Capito	Hyde-Smith	Schmitt
Collins	Johnson	Scott (FL)
Cornyn	Justice	Scott (SC)
Cotton	Kennedy	Sheehy
Cramer	Lankford	Sullivan
Crapo	Lee	Thune
Cruz	Lummis	Tillis
Curtis	Marshall	Wicker
Daines	McCormick	Young
Ernst	Moody	

NAYS—44

Alsobrooks	Hirono	Rosen
Baldwin	Kaine	Sanders
Blumenthal	Kelly	Schatz
Blunt Rochester	Kim	Schumer
Booker	King	Shaheen
Cantwell	Klobuchar	Slotkin
Coons	Lujan	Smith
Cortez Masto	Markey	Van Hollen
Duckworth	Merkley	Warner
Durbin	Murphy	Warnock
Fetterman	Murray	Warren
Gallego	Ossoff	Welch
Hassan	Padilla	Whitehouse
Heinrich	Peters	Wyden
Hickenlooper	Reed	

NOT VOTING—6

Bennet	Gillibrand	Schiff
Cassidy	McConnell	Tuberville

The nomination was confirmed.

THE PRESIDING OFFICER (Mr. HUSTED). Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate's action.

CLOTURE MOTION

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

The senior assistant 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 Executive Calendar No. 778, Arthur Roberts Jones, of Texas, to be United States District Judge for the Southern District of Texas.

John Thune, Tim Sheehy, John Barrasso, Ashley B. Moody, James Lankford, Todd Young, Ted Budd, Pete Ricketts, Jon A. Husted, Mike Crapo, Mike Rounds, Tim Scott of South Carolina, Bernie Moreno, John Cornyn, Chuck Grassley, James C. Justice, Eric Schmitt.

THE PRESIDING OFFICER. Under the previous order, the mandatory

quorum call under rule XXII has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Arthur Roberts Jones, of Texas, to be United States District Judge for the Southern District of Texas, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. BARRASSO. The following Senators are necessarily absent: the Senator from Louisiana (Mr. CASSIDY), the Senator from Kentucky (Mr. McCONNELL), and the Senator from Alabama (Mr. TUBERVILLE).

Mr. DURBIN. I announce that the Senator from Colorado (Mr. BENNET), the Senator from California (Mr. SCHIFF), and the Senator from New Hampshire (Mrs. SHAHEEN) are necessarily absent.

The yeas and nays resulted—yeas 50, nays 44, as follows:

[Rollcall Vote No. 189 Ex.]

YEAS—50

Armstrong	Fischer	Moran
Banks	Graham	Moreno
Barrasso	Grassley	Murkowski
Blackburn	Hagerty	Paul
Boozman	Hawley	Ricketts
Britt	Hoeven	Risch
Budd	Husted	Rounds
Capito	Hyde-Smith	Schmitt
Collins	Johnson	Scott (FL)
Cornyn	Justice	Scott (SC)
Cotton	Kennedy	Sheehy
Cramer	Lankford	Sullivan
Crapo	Lee	Thune
Cruz	Lummis	Tillis
Curtis	Marshall	Wicker
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Cortez Masto	Lujan	Van Hollen
Duckworth	Markey	Warner
Durbin	Merkley	Warnock
Fetterman	Murphy	Warren
Gallego	Murray	Welch
Gillibrand	Ossoff	Whitehouse
Hassan	Padilla	Wyden
Heinrich	Peters	

NOT VOTING—6

Bennet	McConnell	Shaheen
Cassidy	Schiff	Tuberville

THE PRESIDING OFFICER. On this vote, the yeas are 50, the nays are 44. The motion is agreed to.

The motion was agreed to.

EXECUTIVE CALENDAR

THE PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Arthur Roberts Jones, of Texas, to be United States District Judge for the Southern District of Texas.

THE PRESIDING OFFICER. The Senator from Tennessee.

UNANIMOUS CONSENT REQUESTS

Mrs. BLACKBURN. Mr. President, as if in legislative session and notwith-

standing rule XXII, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged and the Senate proceed to the immediate consideration of S. 4329. Further, 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 Wisconsin.

Ms. BALDWIN. Mr. President, reserving the right to object, 4 years ago today, women in America lost the right to control their own bodies when an activist Supreme Court overturned *Roe v. Wade*. For 18 months, women in Wisconsin were forced to live under a law passed in 1849 and widely viewed as a criminal abortion ban.

Overturing *Roe* was just the beginning of the Republicans' war on women's reproductive rights. This bill is yet another example of their agenda to make it harder for women to access care by stripping away funding for family planning clinics.

Title X clinics serve millions of Americans and offer cancer screenings, birth control, and wellness exams. Republicans have already tried to rip this healthcare away. Their "Big Ugly Bill" last year defunded Planned Parenthood, leading to the closure of 60 clinics so far. And we expect that as a result of the "Big Ugly Bill," in total, over 200 clinics will ultimately close. That is 200 fewer places that women can get essential healthcare, exacerbating an already dire healthcare crisis that families are facing.

This administration has also withheld funding from title X clinics for months, threatening access to care for more than 800,000 people. They then delayed funding for the program again, causing even more confusion.

The administration's goals are clear: They want to sow chaos and end access to reproductive health care. There is no reason that we, the people's branch, should be adding to that and further making life harder for the people we work for. We should be focused on expanding access to healthcare and lowering the cost of it, not closing more clinics, jacking up costs, and eroding women's rights even further.

I will not stop fighting until every woman in this country has the freedom to make her own choices about her own body.

Therefore, I object.

THE PRESIDING OFFICER. The objection is heard.

The Senator from Tennessee.

Mrs. BLACKBURN. Mr. President, you know, it is always so interesting to hear the objections of my colleagues when it comes to something that is considered a pro-life measure. And pushing this bill forward and listening to my colleague—it just shows me that once again, they are not standing with that right to life.

We are celebrating 250 years of our great Nation. What do we have? That

right to life, liberty, and the pursuit of happiness.

Today marks 4 years since the Supreme Court corrected a blatant act of judicial activism that legitimized the killing of more than 63 million unborn children.

My colleagues across the aisle like to say: Oh, but abortion is compassionate.

Think about the 63 million unborn babies—63 million.

So, yes, 4 years ago, the Supreme Court corrected this act of judicial activism. With the Court's Dobbs decision, the authority finally returned to the States and "we the people," where it belongs.

This marked a watershed moment in the fight for life, but there is still so much more work to do to make certain that right is recognized, that right to life—the right to life, to liberty, to the pursuit of happiness.

We know that one thing that needs to be done is ending all Federal funding of abortion services. That is important. This isn't about closing clinics; this is about making certain that taxpayer money does not go to fund those services.

For decades, Federal law has prohibited the use of Federal funds for abortions, but big abortion providers like Planned Parenthood exploit every loophole possible to get around this restriction. It is a long list. They are addicted to your money to provide abortion services.

One of those loopholes is the title X Family Planning Program. This program is intended to assist low-income women with family planning services. Section 1008 of the Public Health Service Act explicitly states that title X funds "shall not be used in programs where abortion is a method of family planning." That is the law.

This isn't about restricting healthcare; it is about—we need to support life, and we need to abide by the law.

Yet, under the law, title X clinics are allowed to refer patients for abortions and share facilities with abortion providers. As a result, Planned Parenthood clinics that receive Federal family planning funds can share the same facility, staff, and waiting room as an abortion clinic. There is no division there. They are sharing that space. They are sharing staff. They are sharing the waiting room. You go in the same door, and they are thereby using taxpayer dollars.

Now, taxpayers, including millions across the country who hold deeply held beliefs opposing abortion, should not have to spend a penny in supporting abortion providers. This is their hard-earned money. We have a law. The law should be abided by. That is why I am asking that we move forward with this bill. We have heard my colleague's objection. I disagree with her. We should abide by the rule of law, and we should support the right to life. I think everyone should stand up and close this loophole once and for all.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, today is the fourth anniversary of the Dobbs decision overturning *Roe v. Wade*.

I just shared some reflections about what happened in my home State of Wisconsin when we reverted to a law that was passed in 1849—1 year after Wisconsin's statehood—that was widely viewed as a criminal abortion ban. No abortion care was provided within my State until a court ultimately ruled many months later that that 1849 statute did not apply, but in the meantime, I heard stories from Wisconsin women whose lives were upended by the Dobbs ruling.

When I think about one of the first stories I heard in those first months after the Dobbs decision came down, I remember a woman sharing with me that she was pregnant, expecting—was delighted about that—when her water broke at 17 weeks. She went to her doctor at the hospital where she was planning to deliver her baby, and they said: Your baby has no chance of survival, and we can't do anything to assist you in this moment because *Roe v. Wade* has been overturned.

The doctors consulted lawyers. We had lawyers actually practicing medicine, if you will, in the State of Wisconsin at that time, and she was sent home. They said to let nature take its course. Well, in her case, that meant facing sepsis and a fever that got worse and worse and worse.

How close do you have to be to death before you can get the healthcare that you need when *Roe v. Wade* is no longer the law of the land?

What it drove people in Wisconsin to have to do is consider getting care out of State.

So, today, I rise in support of the women across this country who just want to be able to control their own bodies. Right now, 27 million women are living under abortion bans since the overturning of *Roe v. Wade*, and it is no secret that my Republican colleagues want to see a national abortion ban enacted piece by piece. Because of these bans, women are literally bleeding out in parking lots outside of clinics and hospitals. Women are developing life-threatening infections like the one I just described from my constituent in Wisconsin.

Women are being told that they have pregnancies that are not viable but that they have no option for healthcare. Women are being denied the care that they need even in States like Wisconsin where, because of our courts striking down the 1849 statute that was in existence when the Dobbs decision came out, abortion is now legal, though many restrictions remain on the books.

Women face access issues. They face barriers to accessing the healthcare they need. In Wisconsin, abortion services are only available in 3 out of our 72 counties. That leaves 69 counties with-

out care, meaning the people who live there must travel for the care they need. They have to arrange childcare and take time off work and sometimes drive for hours. They have to face unnecessary barriers just to get the healthcare that they need.

That is why I introduced the Reproductive Health Travel Fund Act. This legislation would help ease the financial burdens that too many women face when they are trying to access safe and legal reproductive healthcare, oftentimes far away from their homes and their support systems. This bill would get women the practical support they need to access care, including support for travel, childcare, lodging, meals, and more.

I won't stop fighting until a woman's right to choose is fully restored. In the meantime, the least we can do is help women access the care they need that the Supreme Court and some of my Republican colleagues continue to put further out of reach for women. I urge my colleagues to address the healthcare crisis we are facing in this country by reducing the barriers that women face to get the healthcare they need.

Therefore, as if in legislative session, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 4922, introduced earlier today; further, that the bill be considered read three times and passed and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there an objection?

The Senator from Tennessee.

Mrs. BLACKBURN. Mr. President, I object.

We just talked about the Title X Abortion Provider Prohibition Act, which would ensure that taxpayer funds aren't used or flow—these family planning funds—to abortion providers.

What Senator BALDWIN has talked about in this bill is the Reproductive Health Travel Fund Act, and what it would do is make obtaining abortions easier. It would make it easier because it would allow them to be paid for by tax dollars. Let's let this sink in for a minute. This bill would authorize hundreds of millions of taxpayer dollars to fund, as my colleague said, the travel, the lodging, the meals, the childcare, and all of the other expenses that are associated with obtaining an abortion. Four years after Dobbs rightfully returned this issue to the American people and their elected representatives, this very legislation would undermine that decision by using Federal dollars to facilitate and fund abortions across State lines.

Now, we all want healthy moms and healthy babies—that is a goal that everyone shares—but instead of supporting pregnant women by making grants available to pregnancy resource centers, our colleagues across the aisle would rather spend that \$350 million in taxpayer funding each year to eliminate what makes obtaining an abortion

inconvenient. That is absolutely atrocious. Democrats claim to be the party of choice, but bankrolling the entire abortion process only increases the pressure on women to choose abortion by making it the more financially feasible option. There is no choice in that. A 2004 study found 64 percent of women felt pressured by others to have an abortion.

If Congress truly wants to respect the conscience rights of millions of Americans and actually protect women, children, and families, it should reject this legislation and pass the Title X Abortion Provider Protection Act.

For all of these reasons, I object.

The PRESIDING OFFICER. The objection is heard.

The Senator from Mississippi.

UNANIMOUS CONSENT REQUESTS

Mrs. HYDE-SMITH. Mr. President, 4 years ago today, our Nation took the historic step when the U.S. Supreme Court's Dobbs decision overturned the so-called right to end a baby's life in America and returned the authority to regulate abortion to the people. Since then, the abortion industry has intensified its efforts to convince women that pregnancy is inherently dangerous and harmful to their health. While pregnancy can involve complications, those cases are the exception; they are not the rule. Yet these exceptions are often used to justify abortion at every stage of a pregnancy, including a growing number of at-home abortions, using mail-ordered mifepristone, without having direct physician oversight.

Here is the truth about chemical abortion: First of all, this regimen is not safer than Tylenol. A woman can experience anywhere from a month to 6 weeks of bleeding after taking the abortion pill regimen—horrendous bleeding that is significantly heavier than usual. It is especially dangerous for women who are already anemic with low blood counts. Nearly one in nine women who take these drugs will suffer a serious adverse event, such as sepsis, hemorrhaging, infection, or emergency surgery, within 45 days of ingesting the pill.

Chemical abortion can also pose a serious threat to women's future fertility or even their lives when they are not screened through an in-person doctor visit for conditions like an ectopic pregnancy, and a woman who has a chemical abortion has a 300-percent increase in having a preterm birth in future pregnancies—a 300-percent increase.

The SAVE Moms and Babies Act puts commonsense safety protections back into place by at least requiring an in-person doctor visit before being prescribed mifepristone, which is designed to abort a baby. This drug should never be administered through the mail, where abusers and traffickers can hide behind a computer anonymously.

While I cannot stress enough the importance of correcting misinformation about abortion drugs and reinstating

the safety protections that the Biden administration recklessly removed, we also need to flip the abortion industry's entire script by highlighting something too often overlooked: the extraordinary benefits of pregnancy for women.

Pregnancy is nothing short of remarkable when you consider everything that must fall into place perfectly to conceive, sustain, and deliver a healthy child. While the process can feel overwhelming, women's bodies are uniquely equipped for this life-giving role. The resilience and strength demonstrated through pregnancy and childbirth are incredible and empowering.

For example, pregnancy is often described as a marathon—and for good reason: A woman's cardiovascular strength expands when her pregnancy is carried to full term, and her risk of cardiovascular disease and stroke are significantly reduced later in life. From the long-term well-being that motherhood can inspire with a commitment to healthier habits to the protected effects of breastfeeding associated with the reduced risk of breast cancer, these changes offer life-sustaining gifts.

In fact, research suggests that women who have children later in life often experience greater longevity. Women's bodies were seemingly designed to break the limits and then keep going.

As we continue to build a life-affirming society in this Dobbs era, our ongoing challenge is to continue championing the physical, mental, and emotional benefits of pregnancy and of motherhood.

Mr. President, as if in legislative session, and notwithstanding rule XXII, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged and the Senate proceed to the immediate consideration of S. 3697; further, 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 an objection?

The Senator from Maryland.

Ms. ALSOBROOKS. Mr. President, reserving the right to object.

Let's be clear. This bill would roll back the clock by 25 years. It limits access to a safe and effective medication that has been approved by the FDA since 2000. Hundreds of robust clinical trials have demonstrated mifepristone's safety. That is not political; that is science.

This bill would impose new requirements on prescribing healthcare providers, and it would restrict drug dispensing to in-person administration, specifically targeting women living in rural areas and women without access to a primary care doctor or OB/GYN.

For the past year, we have all watched as Secretary Kennedy and this

administration have peddled conspiracy theories and junk science to dismantle public health structures in this country.

Just like with the pediatric vaccine schedule, changing the rules on FDA-approved drugs without specific scientific input, legitimate evidence on safety risk, or transparency will cause unnecessary fear for patients.

This bill undermines the critical role of the FDA in ensuring the safety and efficacy of medical products through a gold standard review and approval process. It overrides the FDA's oversight authority by prematurely banning approval to medications, even if they are safe and effective.

That is not gold standard science; it is an effort to control women's bodies and their healthcare decisions.

On the very anniversary of the Dobbs ruling, Senate Republicans are looking to continue to restrict access to care.

I want to remind my colleagues that mothers living in States with abortion bans are nearly twice as likely to die during pregnancy or childbirth compared to those in States that allow women to access reproductive care. These tragedies happen when there are delays in miscarriage and emergencies because reproductive medicine is criminalized.

I object to this legislation.

The PRESIDING OFFICER. The objection is heard.

The Senator from Maryland.

Ms. ALSOBROOKS. As I just said, on the very anniversary of the Dobbs ruling, Senate Republicans are looking to continue to restrict access to care.

In stark contrast, Senate Democrats are working to expand access to healthcare for women. We are working to better support new and expecting mothers and babies. I introduced the Healthy MOM Act to do just that.

Uninsured pregnant women are more likely to miss critical prenatal care. These gaps in care lead to a 31 percent higher likelihood of adverse hospital and delivery outcomes. My bill would ensure that all women eligible for coverage through Affordable Care Act marketplaces and private insurance can access affordable health coverage throughout their pregnancies by establishing a special enrollment period for expectant mothers.

Right now, marriage, divorce, changing jobs, or having a baby are considered qualifying life events that trigger a special enrollment period, but becoming pregnant is not considered a qualifying life event. That is unless you live in a State like Maryland, which allows women to enroll in or change their health insurance plan outside of the standard open enrollment period after they learn they are pregnant.

If you want to protect moms and babies, you need to make sure that they have health insurance and access to the care they need. I ask unanimous consent to pass this commonsense legislation to close a senseless loophole and keep expecting mothers across the country healthy.