

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.

Mr. President, as if in legislative session, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged from further consideration of S. 3274 and the Senate proceed to its immediate consideration; further, 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?

The Senator from Mississippi.

Mrs. HYDE-SMITH. Mr. President, reserving the right to object. Mr. President, I object.

While my colleague's bill seemingly aims to assist expecting mothers with the burdensome cost of pregnancy and childbirth, I would like to point out that this legislative effort is not designed for success, and it has zero bipartisan support.

However, bipartisan support in this arena is possible, and I am so grateful to my colleagues on both sides of the aisle who have worked with me on the Supporting Healthy Moms and Babies Act. I introduced this effort last year with Senators KAINE, GILLIBRAND, and HAWLEY to insulate expecting parents from the high cost of pregnancy and childbirth by eliminating cost-sharing requirements for prenatal, childbirth, neonatal, perinatal, or post-partum healthcare. Bringing a child into the world is costly enough without piling on cost-share fees that saddle many mothers and families with debt. The bill would take away some of the burden for childbearing generations.

My hope is that if we can relieve the financial stresses associated with pregnancy and childbirth, more families will be encouraged to embrace the beautiful gift and the responsibility that comes with parenthood.

The PRESIDING OFFICER. The objection is heard.

The PRESIDING OFFICER. The Senator from Oklahoma.

UNANIMOUS CONSENT REQUEST—S. 1756

Mr. LANKFORD. Mr. President, it is toward the end of June, and 250 years ago today Thomas Jefferson was in the third floor of a rented space in Philadelphia, literally by himself, working at a desk that he had built himself writing a declaration—250 years ago literally today he was by himself writing away on that.

Within about 4 days from now 250 years ago, the Committee of Five—the four others that worked with him—all determined: No, this is the document that we are going to present to the Continental Congress. It is kind of remarkable to be able to think about that kind of history.

They determined that they were going to end that simple statement at the introduction to say:

We hold these truths to be self-evident, that all men are created equal, [that] they are endowed, by their Creator, with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness.

It was a much-debated statement, and they made several different changes to it, but that same statement 250 years later still rings true as a core value of who we are as Americans.

Today I rise to be able to mark the fourth anniversary, though, of the Dobbs decision—a decision that overturned *Roe v. Wade* and returned the issue of abortion and when life begins and who we are going to be as a people on this issue of life, liberty, and the pursuit of happiness back to the elected representatives from the States and to the people.

Today we are remembering 60 million children who died under the 49-year time period under *Roe v. Wade* and the conversation that is still happening all over the country. We the people are still having a dialog about the value of every human person and whether life, liberty, and the pursuit of happiness still applies to everyone. Does it apply to only people that are a certain height, a certain weight, a certain age? Or does it apply to every single person?

I am one of those crazy people that actually believe that children are valuable—all of them. And I know it is much maligned in our culture currently, and it is very vogue to be able to say some children are valuable and some children are disposable and those children that are disposable, we shouldn't even discuss. But, honestly, I think we should continue the conversation, the dialogue that has been going on for 250 years, to determine: Does life, liberty, and the pursuit of happiness apply to all of us? Are all people created equal, or are some people more equal than others?

Just because a child cannot defend themselves, just because a child doesn't weigh very much yet doesn't mean it is not a child.

Science would say that life begins at conception when the cell division happens. Every single cell in the woman's body has the exact same DNA except when she is pregnant—then there are certain cells in the womb that have different DNA. Do you know why? Because it is a different person.

And there is cell division happening in the woman's body because she is alive, and there is cell division happening in that child's body because so are they, and they are a uniquely different God-created person. They are not inconvenient. They are a child. And we are still having this conversation as a country to try to determine what are we going to do about that.

So me and my colleagues have come to the floor today on the fourth anniversary of the Dobbs decision and said: Let's keep the dialogue going. Let's keep talking about this issue of when a child is a child. Do they have to be a certain weight? Do they have to be a certain age? Do they have to be a certain height? Or is it when basic science would say that child is a child?

What is interesting about this is I am not even bringing a bill tonight to be able to deal with the issue of abortion

of a child. I am actually bringing a bill tonight to be able to talk about conscience of individual healthcare providers.

You see, most doctors and healthcare professionals share a common science-based belief that a child in the womb is just like the children they care for outside the womb. The only difference is time.

A child at conception and a child outside the womb are no different. It is just 40 weeks older. That is it. I am 40 weeks older than I was 40 weeks ago. That child is 40 weeks older from conception to birth, but it is still the same child.

The millions of Americans who believe this same truth, we have conscience protection laws on the books, and we have had them on the books for a long time. In fact, there are 25 Federal conscience protection laws right now that are already the law of the United States. Many of these have just flatout not been controversial. Let me give you a couple of them.

The Church amendments. These laws protect the conscience rights of individuals and entities that object to performing or assisting in the performance of an abortion or a sterilization against their religious or moral convictions. When that passed Congress—right after *Roe v. Wade*—when that passed Congress, it passed 92 to 1. It was not controversial.

In 2004, when Congress created the Weldon amendment—which is in all of our annual appropriations bills still. The Weldon amendment bars the Federal Government and State and local government recipients of Federal funds from discriminating against healthcare entities that refuse to provide, pay for, provide coverage, or refer for abortions. It wasn't controversial. It passed overwhelmingly. It still continues.

The conscience protection bill that I bring tonight is also very straightforward. It is already in Federal law that individuals have the right of conscience. The challenge is, those individuals only are protected in the right of conscience if the Federal Government actually goes and prosecutes individuals that violate their conscience. So if the executive branch chooses not to enforce the law—they just ignore it, though it is federally against the law but no one prosecutes—then nothing happens and that individual has rights that are actually not protected by their own government.

This conscience protection bill is very simple. It says if their rights of conscience have been violated, according to Federal law, that individual has a private right of action to bring their own suit. If the Federal Government won't defend their rights under Federal law, they have the ability to be able to bring it on their own.

This is a very simple, straightforward bill. It doesn't change anything about abortions. We will have the exact same number of abortions the next day after this passes that we did