

John Hoeven, Pat Roberts, Johnny Isakson, Mike Rounds, James E. Risch, John Cornyn, Mike Crapo, Roger F. Wicker, John Barrasso.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that the nomination of Michael H. Park, of New York, to be United States Circuit Judge for the Second Circuit, 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. THUNE. The following Senators are necessarily absent: the Senator from Florida (Mr. RUBIO) and the Senator from Florida (Mr. SCOTT).

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

Mr. DURBIN. I announce that the Senator from Colorado (Mr. BENNET), the Senator from New Jersey (Mr. BOOKER), the Senator from Minnesota (Ms. KLOBUCHAR), and the Senator from Arizona (Ms. SINEMA) are necessarily absent.

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

The yeas and nays resulted—yeas 51, nays 43, as follows:

[Rollcall Vote No. 105 Ex.]

YEAS—51

Alexander	Ernst	Murkowski
Barrasso	Fischer	Paul
Blackburn	Gardner	Perdue
Blunt	Graham	Portman
Boozman	Grassley	Risch
Braun	Hawley	Roberts
Burr	Hoeven	Romney
Capito	Hyde-Smith	Rounds
Cassidy	Inhofe	Sasse
Collins	Isakson	Scott (SC)
Cornyn	Johnson	Shelby
Cotton	Kennedy	Sullivan
Cramer	Lankford	Thune
Crapo	Lee	Tillis
Cruz	McConnell	Toomey
Daines	McSally	Wicker
Enzi	Moran	Young

NAYS—43

Baldwin	Heinrich	Sanders
Blumenthal	Hirono	Schatz
Brown	Jones	Schumer
Cantwell	Kaine	Shaheen
Cardin	King	Smith
Carper	Leahy	Stabenow
Casey	Manchin	Tester
Coons	Markey	Udall
Cortez Masto	Menendez	Van Hollen
Duckworth	Merkley	Warner
Durbin	Murphy	Warren
Feinstein	Murray	Whitehouse
Gillibrand	Peters	Wyden
Harris	Reed	
Hassan	Rosen	

NOT VOTING—6

Bennet	Klobuchar	Scott (FL)
Booker	Rubio	Sinema

The PRESIDING OFFICER. On this vote, the yeas are 51, the nays are 43.

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Michael H. Park, of New York, to be United States Circuit Judge for the Second Circuit.

Mr. CASEY. Mr. President, this week, we know that the Senate is considering the nomination of Michael Park, who has been nominated by the President to serve on the Court of Appeals for the Second Circuit. I have a number of concerns with Mr. Park’s nomination and his record. I will highlight just one that I think is a major concern for many Americans.

In 2011, Mr. Park submitted an amicus brief to the U.S. Supreme Court, arguing that the Affordable Care Act’s Medicaid expansion was unconstitutional. That is the argument he made. He claimed that the Medicaid expansion provision coerced States into accepting a “greatly enlarged Medicaid program.” I will come back to that later because those words are important. The rationale for this, he asserted, was that these States could not realistically opt out. Obviously, I disagree with his argument, and I disagree with his rationale. Yet I want to talk about the program and, more importantly, the people who will be affected by his point of view on this policy if he is to be successful in his arguments.

If he is to be confirmed, I have a real concern about how he will make decisions as a judge as they relate to healthcare, Medicaid expansion, and related topics.

So I am not going to go through the legal arguments, but I do want to talk about Medicaid expansion, the importance of it, and the people it helps. Everyone here knows that Medicaid itself has been a program that we have enjoyed the benefits of for more than 50 years. Right now, about 75 million people are covered by Medicaid. Approximately 17 million of those individuals are eligible because of Medicaid expansion. So millions of people got healthcare because of the Medicaid expansion part of the Affordable Care Act.

Medicaid itself covers 38 percent of the 1.9 million people younger than age 65 who are battling an opioid addiction. So 38 percent of the 1.9 million people are helped who are in the grip of that addiction. That affects every State, every community, and, increasingly, virtually every family, or at least we all seem to know someone who has been adversely impacted by an opioid addiction or a substance use disorder issue.

So 38 percent is almost 4 in 10. So 4 in 10 people who need that help are benefiting from Medicaid itself because of Medicaid expansion.

A lot of politicians in Washington tried to convince people, both here and around the country, that Medicaid was about some other person over there, some person that you didn’t know, some person that you may not have to be too concerned about, or so the argument went—that Medicaid was not about you or your family. It was about

some other person. The implicit message was this: Don’t worry about them. They probably don’t need it, and you can vote for repeal and everything will be OK for the country.

Well, we know now better than ever, probably, in the last 2 years since that debate and the ongoing debate we had starting in 2017 and a debate, frankly, that has been playing out over many years, that Medicaid is not a program for someone else. It is an “us” program. Medicaid is about us, about who we are as a country. It tells us a lot about our values—whom we value, for whom we will fight, and whom we stand up for.

Medicaid provides coverage—basically, if you wanted to simplify it—for three groups of Americans: seniors, kids, and people with disabilities.

In my home State of Pennsylvania, Medicaid could be simplified this way. It is an oversimplification, but it is a good way to describe it in numerical terms. Medicaid is a 40, 50, 60 program—40, 50, 60, pretty easy to remember.

Forty percent of all the births in Pennsylvania—the national number is actually higher—and roughly 40 percent of all the kids in our State have Medicaid. The 50 is when you look at this through the lens of individuals with disabilities—certainly, for children with disabilities. It is actually 54 percent of children with disabilities in Pennsylvania who get Medicaid. It is a big number, and those families don’t want to hear talk of repeal or talk of eliminating Medicaid expansion or talk of in any way undermining Medicaid itself.

How about 60? Where does the 60 come in the 40, 50, 60 equation? The 60 are people in nursing homes. So there are a lot of families out there who may not have realized before but certainly after 2017 and 2018 that their loved one—their mom or their dad or their grandparent or relative, or their grandmother or grandfather—was getting into a nursing home in many cases solely—solely—because of the Medicaid Program. They couldn’t get there any other way. They couldn’t afford it unless you could shell out tens and tens of thousands of dollars a year for long-term care.

So Medicaid affects that many people just in Pennsylvania—literally millions in our State. That is just one State. The numbers are very similar across the country.

The exact numbers for Medicaid expansion in Pennsylvania exceed 700,000. So after the Affordable Care Act was passed and then implemented after 2010, over the course of several years we gained coverage in Pennsylvania of over 1.1 million people—a big number.

Unfortunately, because of the administration’s sabotage over the last 2 years, that number has gone down. It is still above 1.1 million, but it is going down.

The Medicaid expansion part of that, of course, was over 700,000 people.

Now comes the administration's budget—this current budget proposal by the administration, which I predict will be rejected by the Congress. But we have to make sure it gets rejected because one of the proposals in that budget is to cut Medicaid by a trillion and a half—\$1.5 trillion—over 10 years.

The other reality here is that the official Republican position on the Affordable Care Act and related issues is that they, the Republican Members of Congress, want to eliminate Medicaid expansion over time—not just to cut it, not to change it, but to eliminate it. They want to eliminate Medicaid expansion, and, of course, based upon the \$1.5 trillion proposed cut, along with other proposals, one after another, they want to cut Medicaid itself.

So when Mr. Park uses words like his concern about the Medicaid expansion being greatly enlarged Medicaid programs, or the program itself, overall, I worry what he might do as a judge, not just on Medicaid expansion, but what he might do and decisions he might make based upon Medicaid itself.

So my original concerns about his arguments about the Affordable Care Act are now greatly and significantly increased because of what he has said about Medicaid itself, indirectly saying that he is not sure whether Medicaid itself would be worthy of the kind of support that it is going to require over time.

So I have real concerns on Medicaid. **THE PRESIDING OFFICER.** The Senator from Maryland.

WOMEN'S HEALTHCARE

Mr. VAN HOLLEN. Mr. President, back in 1876, Ann Reeves Jarvis was teaching her Sunday school class about notable mothers in the Bible. She ended that class with this prayer:

I hope and pray that someone, sometime, will found a memorial mother's day commemorating her for the matchless service she renders to humanity in every field of life. She is entitled to it.

That was the prayer of Ann Reeves Jarvis. Her 12-year-old daughter Anna, who was then a student in the class, took that prayer to heart and went on to help establish Mother's Day in the United States in 1914.

As we approach Mother's Day this upcoming Sunday, I am gathered with many of my Senate colleagues to urge our Republican friends here in the Senate to reject many of the policies coming down from the Trump administration that put women's health and well-being at risk. Americans need access to family planning services. An investment in family planning is money well spent because it helps families cope with reproductive health planning and can help prevent health crises. This is a win-win for those who receive these services and for all Americans who, in the long run, must pay for health services that are the inevitable result of neglect and failure to provide resources for family planning.

While the Trump administration would have you believe that their ef-

forts are solely focused on eliminating access to abortion, the reality is their actions are harmful to a broad array of family planning services. For example, just in 2017, the administration tried to eliminate the Teen Pregnancy Prevention Program grants more than a year early. I want to point out that the city of Baltimore had one of those grants, and with the help of programming from the Teen Pregnancy and Prevention Program, Baltimore saw a 61-percent drop in teen pregnancy between the years 2000 and 2016. The good news is that the city of Baltimore and other grantees prevailed in Federal court, so that money was restored.

We now see repeated steps by the Trump Administration through its recent title X Federal rulemaking that represent another attempt to restrict access to quality, affordable reproductive healthcare and prevent women from receiving the information they need to make informed decisions for themselves about their healthcare. It would jeopardize the entire title X health network.

Specifically, the rule would block the availability of Federal funds to family planning providers, even if those family planning providers separately offer access to abortion services. In other words, despite the fact that Federal law is already crystal clear about no public funds being used to pay for abortion, the administration policy would ignore that reality.

Under the status quo, title X-funded clinics that provide abortion must keep those services financially separate from their title X activities. So this rule would interfere with the ability of women throughout America to get that unbiased family planning service and counseling. The rule would specifically prohibit any referral for abortion services and end the longstanding guarantee that pregnant title X patients receive comprehensive, unbiased counseling.

A primary goal of this regulation—and there has been no secret about this—is to prevent Federal funds from going to comprehensive family planning providers, like Planned Parenthood, with little or no regard for the impact this has on women throughout the country—and men and families. In fact, Planned Parenthood provides health services to 4 in 10 women in America. For many women and men, Planned Parenthood is the only source of care in their community.

I want to recount a couple of stories I have received from my Maryland constituents. One is from Caitlyn. She lives in Severna Park. She shared with me the impact that Planned Parenthood had in her life. She says that while growing up, she did not have a basic education when it came to reproductive health services and options. She writes:

I knew I wasn't getting the whole story and I decided [to] do my own research. Planned Parenthood had the answers to my questions with no agenda, just facts.

She went on to share a different first-hand experience she had with Planned Parenthood as a patient.

I needed services that were quick, affordable, and compassionate, and that's exactly what I received. When it came time to pay my bill, I was surprised to find that they just asked for a small donation. This donation-for-services is possible through Title X. Because of Title X, patients like me and more than 30,000 other Marylanders can access care, no matter what, regardless of our ability to pay.

That was Caitlyn.

I also heard from Tamara from Takoma Park, MD. She moved back to Maryland to care for her aging mother and accepted her dream job. Her dream job was directing a training and education fund for healthcare workers. She hesitated to accept her dream job because the employer-provided insurance plan was grandfathered into pre-Affordable Care Act regulations, meaning that her preferred form of birth control wasn't covered. Her prescription would cost her \$125 a month, something she could not afford. Through her local Planned Parenthood, she was able to get the prescription for \$20 a month. She wrote to me saying:

Without my local Title X-funded community clinic, I—a graduate of Wellesley College, a Master's Degree holder, an engaged community member, a daughter, a passionate person on a meaningful career path—would be unable to afford my prescription, leaving me in the uncomfortable and, quite frankly, unfair position of having to choose between my health or quality of life.

If you look at these stories, you will find that the proposed regulations coming down from the Trump administration prioritize ideology over patient health and safety and fiction over healthcare facts. So that is something about title X.

I want to say a word about the Affordable Care Act, as well, and the important protections it provides for people throughout our country, but I want to focus for a minute on the protections it provides to women.

It became the law of the land 9 years ago. I don't think any of us expected we would still be fighting as hard as we are to try to protect those essential healthcare protections. Despite the failure in this body and this Senate just last year to overturn the Affordable Care Act, we still see a constant effort from the administration, both through nonstop, harmful, regulatory efforts and a wholesale effort through the Federal courts. So I think it is important to remind all of us about what the consequences of stripping away all those protections would be. With respect to women's healthcare, it would do away with the provision that requires coverage of maternity care as an essential health benefit. It would reverse the provisions that ended gender discrimination, which previously allowed insurance companies to charge women higher premiums than men for their healthcare. It also would eliminate the requirement to provide coverage for preventive health services