

employers with religious objections to things such as coverage for contraception, but in reality this amendment goes much further: it would allow employers to deny coverage for any health service. For example, under the Blunt amendment, if an employer objects morally to vaccinations, then their insurance policy would not have to cover potentially lifesaving vaccinations for the children of that employer's workers or if an employer has religious objections to mental health care, their employees would not have access to basic health care services that we fought to protect. The Blunt amendment will have a harmful effect on all people and would undermine our Nation's effort to ensure that everyone in this country has access to a basic standard of health coverage.

Who opposes the Blunt amendment? It is not just women's groups, as you might expect, but the American Academy of Pediatrics, AIDS United, the American Nurses Association, and the American Congress of Obstetricians and Gynecologists.

Mr. President, I know your personal background and field of study has included theology and religious training, in that area, and I know this particular debate was brought on because of President Obama's decision when it came to the health care coverage offered by religious colleges, universities, and charities. The President's offer at this point says that no religious-sponsored institution, such as a college, university, hospital, or charity, will be forced to offer health services that violate their basic principles and values, their religious values. The President goes on to say, though, that the employees of that institution would have the right, on their own initiative, to a service not provided to them under the hospital or university policy that they could secure by going directly to the insurance company. It removes the church-sponsored, religious-sponsored institution from making the initial decision that might run counter to their values but gives the freedom to the individual employee to pursue the health care under the law which they consider to be essential, such as family planning. Some say this is unacceptable. I think it strikes the right balance—the balance between respecting the conscience and religious values of certain institutions while still protecting the freedom of individuals.

There has been a lot of talk in this Presidential campaign about religion, and much of it has come from a former Senator from Pennsylvania. I would like to remind him and those who have not followed it closely that there are exactly three provisions in the U.S. Constitution when it comes to religion. One of them says that we have the freedom of religion, religious belief, which gives us the right to believe what we want to believe or to believe nothing. That is guaranteed under the Constitution. Secondly, the government will

not pick a religion. I have heard candidates say we are a Christian nation. No. We are an American nation, which includes many Christians but also others of different religious beliefs, and the Constitution says the government will never pick its religion. The third point that is often overlooked—and I would refer to the Senator from Pennsylvania—it is in the Constitution that there will be no religious test for office. In other words, we could not establish under the law, if anyone cared to, that only Christians or Jewish people could be elected to the Senate or the House. That is strictly unconstitutional.

Those three principles have guided us well, and it is important for us to make sure as we tackle the issues of the day that we apply the principles that have endured. In this circumstance, we have to understand that militant secularization is as intolerant as militant desecularization. We have to try to strike that balance.

I recommend to those who are following my remarks and would like to read more an article that was published in the New York Times on February 24 by Joe Nocera entitled "A Revolutionary Idea." Mr. Nocera is a thoughtful writer, and he traces the history of this. His opening remarks include the following: "Rick Santorum is John Winthrop"—referring, of course, to Mr. Winthrop who joined with the Puritans in trying to assert that our government needed to stand for puritanical values and beliefs. That debate, which even predates the Constitution, is one that molded our country and makes it what it is today. There emerged from that debate over the Puritans and what they would do a feeling that there had to be a separation between church and state, religious belief and secular administration of our government. That is the debate that continues today.

This generation, regardless of the issue of the day, needs to preserve the same basic values that led to this debate in the early Colonies and ultimately to our constitutional principles. As we find countries all over the world bitterly and violently divided over religion, we need to take care in our generation that we protect the basics. The President's decision when it comes to health care through the insurance policies protects those basic values.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

RECESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate stands in recess until 2:15 p.m. today.

Thereupon, the Senate, at 12:31 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. WEBB).

Mr. REID. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. FRANKEN). Without objection, it is so ordered.

MOVING AHEAD FOR PROGRESS IN THE 21ST CENTURY ACT—Resumed

Mr. REID. Mr. President, would you state the pending business.

The PRESIDING OFFICER. The pending business is S. 1813, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 1813) to reauthorize Federal-aid highway and highway safety construction programs, and for other purposes.

Pending:

Reid amendment No. 1730, of a perfecting nature.

ORDER OF PROCEDURE

Mr. REID. Mr. President, at the beginning of this month—in fact, February 7—I moved to proceed to the surface transportation bill that is before us today—an extremely important bill, a bipartisan bill. This effort has been led by two fine Senators—one quite progressive and the other very conservative—Senators BOXER and INHOFE, the chairman and ranking member of the very important Environment and Public Works Committee. This is a vital job-creating measure. The bill would create and maintain up to 2.8 million jobs.

On February 9, 2 days after I moved to this bill, the Senate voted 85 to 11 to invoke cloture on the motion to proceed. The bill has broad bipartisan support. But immediately after the Senate moved to the bill on February 9, Senator BLUNT asked unanimous consent that it be in order to offer his amendment on contraception and women's health. I was stunned. I couldn't believe this. I said, What is going on here? I objected at the time. I didn't see why this surface transportation jobs bill was the appropriate place for an amendment on contraception and women's health.

But the Republican leader and others on the Republican side of the aisle have made it very clear the Senate is not going to be able to move forward on this important surface transportation bill unless we vote on contraception and women's health. My friend the Republican leader said it on national TV

on "Face the Nation" with Bob Schieffer. Senator MCCONNELL said, "The issue will not go away."

So I believe it is vital to get this jobs bill done. What is standing in the way is the Republicans' insistence on having a vote on a measure that would deny women access to health services such as contraception and even prenatal screenings. So after discussing it with numerous Senators, I decided we should set up a vote on the one amendment, on contraception and women's health. There has been enough delay on this bill. So we will have a vote on this Blunt amendment on Thursday. After that, we hope to be able to work out an agreement to have votes on a number of nongermane amendments on each side. Maybe we will need to have some side-by-sides, the Republicans may need some side-by-sides on our amendments. That is fine, but let's move forth.

Meanwhile, the managers have made tremendous progress on clearing more than 25 agreed-to amendments. I know the managers will want to work on clearing even additional germane amendments. So I believe this process will be the most constructive way to move the bill forward. I hope this will help us be in a position to work through to completing the transportation bill by the end of next week.

I ask unanimous consent that it be in order for the Blunt amendment No. 1520 to be called up; that on Thursday, March 1, at a time to be determined by the majority leader, after consultation with the Republican leader, the Senate proceed to vote in relation to the Blunt amendment; further, that no other amendments be in order prior to the vote in relation to the Blunt amendment.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

AMENDMENT NO. 1520 TO AMENDMENT NO. 1730

Mr. REID. Mr. President, I call up the Blunt amendment.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] for Mr. BLUNT, for himself and Mr. MCCONNELL, Mr. JOHANNES, Mr. WICKER, Mr. HATCH, Ms. AYOTTE, Mr. RUBIO, and Mr. NELSON of Nebraska, proposes an amendment numbered 1520 to amendment No. 1730.

Mr. REID. I ask unanimous consent that further reading of the amendment be waived.

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

The amendment is as follows:

(Purpose: To amend the Patient Protection and Affordable Care Act to protect rights of conscience with regard to requirements for coverage of specific items and services)

At the appropriate place, insert the following:

SEC. . RESPECT FOR RIGHTS OF CONSCIENCE.

(a) FINDINGS AND PURPOSES.—

(1) FINDINGS.—Congress finds the following:

(A) As Thomas Jefferson declared to New London Methodists in 1809, "[n]o provision in

our Constitution ought to be dearer to man than that which protects the rights of conscience against the enterprises of the civil authority".

(B) Jefferson's statement expresses a conviction on respect for conscience that is deeply embedded in the history and traditions of our Nation and codified in numerous State and Federal laws, including laws on health care.

(C) Until enactment of the Patient Protection and Affordable Care Act (Public Law 111-148, in this section referred to as "PPACA"), the Federal Government has not sought to impose specific coverage or care requirements that infringe on the rights of conscience of insurers, purchasers of insurance, plan sponsors, beneficiaries, and other stakeholders, such as individual or institutional health care providers.

(D) PPACA creates a new nationwide requirement for health plans to cover "essential health benefits" and "preventive services" (including a distinct set of "preventive services for women"), delegating to the Department of Health and Human Services the authority to provide a list of detailed services under each category, and imposes other new requirements with respect to the provision of health care services.

(E) While PPACA provides an exemption for some religious groups that object to participation in Government health programs generally, it does not allow purchasers, plan sponsors, and other stakeholders with religious or moral objections to specific items or services to decline providing or obtaining coverage of such items or services, or allow health care providers with such objections to decline to provide them.

(F) By creating new barriers to health insurance and causing the loss of existing insurance arrangements, these inflexible mandates in PPACA jeopardize the ability of individuals to exercise their rights of conscience and their ability to freely participate in the health insurance and health care marketplace.

(2) PURPOSES.—The purposes of this section are—

(A) to ensure that health care stakeholders retain the right to provide, purchase, or enroll in health coverage that is consistent with their religious beliefs and moral convictions, without fear of being penalized or discriminated against under PPACA; and

(B) to ensure that no requirement in PPACA creates new pressures to exclude those exercising such conscientious objection from health plans or other programs under PPACA.

(b) RESPECT FOR RIGHTS OF CONSCIENCE.—

(1) IN GENERAL.—Section 1302(b) of the Patient Protection and Affordable Care Act (Public Law 111-148; 42 U.S.C. 18022(b)) is amended by adding at the end the following new paragraph:

"(6) RESPECTING RIGHTS OF CONSCIENCE WITH REGARD TO SPECIFIC ITEMS OR SERVICES.—

"(A) FOR HEALTH PLANS.—A health plan shall not be considered to have failed to provide the essential health benefits package described in subsection (a) (or preventive health services described in section 2713 of the Public Health Service Act), to fail to be a qualified health plan, or to fail to fulfill any other requirement under this title on the basis that it declines to provide coverage of specific items or services because—

"(i) providing coverage (or, in the case of a sponsor of a group health plan, paying for coverage) of such specific items or services is contrary to the religious beliefs or moral convictions of the sponsor, issuer, or other entity offering the plan; or

"(ii) such coverage (in the case of individual coverage) is contrary to the religious

beliefs or moral convictions of the purchaser or beneficiary of the coverage.

"(B) FOR HEALTH CARE PROVIDERS.—Nothing in this title (or any amendment made by this title) shall be construed to require an individual or institutional health care provider, or authorize a health plan to require a provider, to provide, participate in, or refer for a specific item or service contrary to the provider's religious beliefs or moral convictions. Notwithstanding any other provision of this title, a health plan shall not be considered to have failed to provide timely or other access to items or services under this title (or any amendment made by this title) or to fulfill any other requirement under this title because it has respected the rights of conscience of such a provider pursuant to this paragraph.

"(C) NONDISCRIMINATION IN EXERCISING RIGHTS OF CONSCIENCE.—No Exchange or other official or entity acting in a governmental capacity in the course of implementing this title (or any amendment made by this title) shall discriminate against a health plan, plan sponsor, health care provider, or other person because of such plan's, sponsor's, provider's, or person's unwillingness to provide coverage of, participate in, or refer for, specific items or services pursuant to this paragraph.

"(D) CONSTRUCTION.—Nothing in subparagraph (A) or (B) shall be construed to permit a health plan or provider to discriminate in a manner inconsistent with subparagraphs (B) and (D) of paragraph (4).

"(E) PRIVATE RIGHTS OF ACTION.—The various protections of conscience in this paragraph constitute the protection of individual rights and create a private cause of action for those persons or entities protected. Any person or entity may assert a violation of this paragraph as a claim or defense in a judicial proceeding.

"(F) REMEDIES.—

"(i) FEDERAL JURISDICTION.—The Federal courts shall have jurisdiction to prevent and redress actual or threatened violations of this paragraph by granting all forms of legal or equitable relief, including, but not limited to, injunctive relief, declaratory relief, damages, costs, and attorney fees.

"(ii) INITIATING PARTY.—An action under this paragraph may be instituted by the Attorney General of the United States, or by any person or entity having standing to complain of a threatened or actual violation of this paragraph, including, but not limited to, any actual or prospective plan sponsor, issuer, or other entity offering a plan, any actual or prospective purchaser or beneficiary of a plan, and any individual or institutional health care provider.

"(iii) INTERIM RELIEF.—Pending final determination of any action under this paragraph, the court may at any time enter such restraining order or prohibitions, or take such other actions, as it deems necessary.

"(G) ADMINISTRATION.—The Office for Civil Rights of the Department of Health and Human Services is designated to receive complaints of discrimination based on this paragraph and coordinate the investigation of such complaints.

"(H) ACTUARIAL EQUIVALENCE.—Nothing in this paragraph shall prohibit the Secretary from issuing regulations or other guidance to ensure that health plans excluding specific items or services under this paragraph shall have an aggregate actuarial value at least equivalent to that of plans at the same level of coverage that do not exclude such items or services."

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall be effective as if included in the enactment of Public Law 111-148.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, as the majority leader is leaving the floor, I wish to say I am pleased he has decided to take us forward on this highway bill.

So where do we stand? We are in a situation, here in the 21st century, where in order to move forward on a highway bill—a bill that funds our highways, our roads, our bridges, and our transit systems—in order to move forward on a jobs bill—where 2.8 million jobs are at stake in this great Nation—we have to have a vote on birth control. I want to say to my friends on the other side of the aisle, What are you thinking? But if this is what you want to do, fine.

I want to make it clear to the people who are listening that the Blunt amendment would say that any insurance company and any employer for any reason could deny coverage to their employees. But it is not just about birth control; it is any service.

Now, Mr. President, you serve proudly on the HELP Committee, and you were very instrumental in working through the essential services that are covered, the preventive services that are covered. It is very important that we note what those are. We have a list of the essential services and the preventive services, and what I am going to do is to read them. As I read them, I want people who are listening to this to think about whether these services are important, and to understand that under the Blunt amendment any one of these services can be denied by any employer, any insurance company, for any reason.

So I am going to list these services: Emergency services, hospitalization, maternity and newborn care, mental health treatment, preventive and wellness services, pediatric services, prescription drugs, ambulatory patient services, rehabilitative services and devices, and laboratory services.

Those are the categories of essential health benefits this Senate voted to make sure are covered under insurance plans. That is the law. The Blunt amendment would allow any insurer and any employer to deny any of these services for any reason. All they have to say is they have a moral objection.

Let's take maternity and newborn care. If somebody works for you, and they are not married and they are pregnant and are having this child, you can say: From now on, I am not covering anybody who works for me who isn't married because I have a moral objection.

Mental health treatment. You could say: I don't consider this a disease. I think if God decided that somebody has mental health problems, that is just the way it is. I deny that.

It goes on and on.

Emergency services. If some employer believes if you have a heart attack it is God's will, that is their moral belief. That is it. They can deny that kind of coverage.

Now we go to preventive health, and I am going to read these. The Blunt amendment would also say any employer, any insurance company can deny any of these benefits to anybody at any time.

So listen to these services which came, again, out of your committee. Breast cancer screenings. Maybe an employer doesn't believe that is necessary. They could deny it. Cervical cancer screenings, hepatitis A and B vaccines, measles, mumps vaccine—there is some controversy over vaccines. Somebody could say: Well, I have a moral problem. I am not going to offer these vaccines in my plan.

Colorectal cancer screenings. We found out those save lives, a huge number of lives. They say the death rates are going down, because of colorectal cancer screenings, by 50 percent. An employer or an insurance company could deny that kind of screening.

Diabetes screening, cholesterol screening, blood pressure screening, obesity screening, tobacco cessation, autism screening, hearing screening for newborns, sickle cell screening for newborns, fluoride supplements, tuberculosis testing, depression screening, osteoporosis screening, flu vaccines for children and the elderly, contraception—there. That is what started all of this, contraception.

By the way, 15 percent of women who take contraceptives take them to prevent cancer, to prevent debilitating monthly pain, and it is even taken to prevent serious skin problems that are very debilitating. But there is no mention of that in the Blunt amendment. No, no.

HIV screening, STD screening, HPV testing, well woman visits, breast feeding support, domestic violence screening, and gestational diabetes screening, which is the kind of diabetes some women get when they are pregnant.

So here is where we are. The Blunt amendment would take this list of preventive health benefits, this list of essential health benefits, and send a very clear, unequivocal message to every insurer in this country and every employer that regardless of any other laws, if they decide they have a moral objection or religious objection, they do not have to offer this coverage.

Remember what we are talking about. We are talking about coverage. We are not saying people have to do all of these things. If I have an objection to doing any of these things, as an employee I don't have to do it. But I have coverage if I decide to do it. That is the beauty of the health care bill we passed. It says: Here are essential health benefits; here are preventive health benefits. Employers and insurers, you have to offer this coverage. If people want to take it, they can, and what will happen is good.

Now, when we hear the other side describe the Blunt amendment, they will not tell you what it is. But I have a very clear take on what it is because I printed it out, and it says: A health

plan shall not be considered to have failed to provide the essential health benefits package described in subsection (a) or preventive health services described in section 2713 if they decide they have a moral or religious objection.

That is the basis of it. So we take that and say: OK, here are the essential health benefits. They no longer have any meaning. Here is the list of preventive health benefits. Those are at the whim of the employer, the whim of the insurance company, and it is really disturbing.

Mr. President, you have some great career in your life, and you are a great Senator now. Before that you told a lot of great stories and a lot of great jokes. I have to tell you that Jon Stewart took this issue on and said: Well, I will tell you something. I love the Blunt amendment because I am an employer and I believe humor is the best medicine. Humor is the best medicine, he said.

So he said: So that is what I am going to do. I have an example.

Then this guy comes on to the stage with a very bad cold and flu and he is sneezing. He says: Mr. Stewart, do I have to have another treatment now?

He says: Yes. And he takes a seltzer bottle and sprays it all over the guy. That was his treatment because it was funny, and he was supposed to laugh and that was supposed to cure this person.

He said: Not another treatment.

So in the darkest moments one finds consolation in humor. But just think, there are people who believe and have a strong moral and religious conviction that they don't want to take medicine. They just believe they are in the hands of God. I personally respect it 100 percent, and people die for their right to have that view, and I think that is appropriate. We should respect religion, everybody's religion. So the way to deal with that is if that individual doesn't want to ever be treated, that is their choice. But, frankly, if they put at risk a child who has cancer—and we have had cases like this in America where a parent said they didn't believe in medicine—a child could be cured with some cancer treatment, people have stepped in and said: We are going to make sure the child gets treatment.

So all we are saying in our health care bill is, here is a list of essential health services and preventive health services that scientists and doctors have told us will save our families pain and suffering and cost and all the rest, and we make them available through the insurer and the employer. That is all. People don't have to take them, but they are available.

Under the Blunt amendment, if your boss happens to be a person who doesn't believe in medicine, he can just say: Sorry, I am not a believer. You can have an insurance plan that may have nothing behind it—no services, none of these services that we worked so hard to put into law.

So it is stunning that in this year we would be on a highway bill anticipating a vote on Thursday on an amendment that has to do with women's health. There is a lot of concern out there because we saw when this whole thing started there was a hearing in the House of Representatives where they had a panel on women's health that dealt with, especially, access to birth control. Not one woman was on that panel, and the men decided it was wrong that women should have access to birth control without a copay even when the doctors and the scientists have said it is so important.

When our families are planned, what happens? There are fewer abortions. It is not even arguable. Fewer abortions. I would think we could be in agreement on that. Fewer problems for our families, fewer economic problems when they plan their families.

Now, if you don't want to plan your family, that is just fine. You don't have to take that coverage. You don't have to take that contraception.

So the President, in his decision, I thought, struck a great compromise. What he said was, because the experts, the medical experts—the Institute of Medicine told us contraception is a very important choice for people because 15 percent of them use it not just for birth control but to fight disease, cancer, and cysts on their ovaries and such. Because that is important, we put it in this list of essential benefits, preventive benefits. But if you are a church, you don't have to offer it to your employees. That is what the President said.

There are 335,000 religious institutions that are exempted from having to offer this through insurance. The religious-affiliated hospitals and universities were uncomfortable because they wanted to be able to not be directly connected to the contraception, and the President struck what I thought was a good compromise. He said to those institutions: OK. It will be offered to your people, but it will be done by a third party.

Almost everyone applauded it. Catholic Charities applauded it, the Catholic Health Association applauded it. They represent thousands of providers. Catholics United applauded it, and the bishops were still unhappy. But the institutions that provide the service felt the President struck a good bargain.

So we were all pleased. We thought this was fine because everybody's religious freedom should be respected, and that is what the President did. But now we have the Blunt amendment. Not only does this open a Pandora's box, it opens a very dangerous policy. It allows insurers and employers to simply say they have a moral problem with something and they don't have to offer a list of services. Maybe they will do it because they really have a moral conviction, but you can't really prove it. Maybe they will do it because they want to save some money. We don't know. But it opens a very bad situa-

tion. We have to table or beat this Blunt amendment. It is very dangerous.

How about having it on a highway bill? I still can't get over it. When I first heard about it, I thought: What does it have to do with highways? Maybe it says you can't take a birth control pill when you are driving on a highway. I mean, there was no connection, and there is no connection.

But the majority leader is right to get a vote. I will tell you why: It is holding up our highway bill. We can't get off dead center. We have been on this bill days and we can't get off dead center because my Republican friends want to vote on contraception and women's health care on a highway bill.

So we are going to do it and, hopefully, that will signal our goodwill to move forward with this bill. There are 2.8 million jobs at stake. Our bridges are in desperate need of fixing. We have 70,000 bridges that are in very bad condition, and 50 percent of our roads are not up to standard. We have had stories of bridges crumbling, and we have had stories of highways in trouble. So we shouldn't be stuck on this bill.

I could proudly say that Senator INHOFE and I worked in the most remarkable bipartisan way to get a great bill out of our committee. The Banking Committee did the same, Senators JOHNSON and SHELBY. The Commerce Committee got a little stuck, but they are getting unstuck, and we are moving forward on that piece. Finance has done an excellent job of finding the funds for us to fill the trust fund.

I want you to think in your mind's eye of a football stadium that hosts the Super Bowl. Think of what it looks like when it is jam packed with people. It is about 100,000 seats. Fifteen of those stadiums could be filled with unemployed construction workers. So think about what that would look like, 15 Super Bowl stadiums sold out, every seat filled. That is how many unemployed construction workers we have because of the housing crisis.

This bill will put them back to work. In a bipartisan fashion we have protected the 1.8 million jobs, and we create up to another 1 million jobs. So I can't believe we are discussing birth control on a highway bill, but such is life. That is the way it is. If that is what we need to move this bill forward, I am happy.

If we have to move on some other issues that are not germane to the bill, I am even willing to do that, because that is really what is at stake. What is at stake is construction jobs. What is at stake is falling bridges. I do not have to tell my friend the effect of a falling bridge. We know it happens. Senator INHOFE is eloquent on the point. He lost a constituent who was taking a walk and a huge piece of a bridge fell and killed her. This is not the way to run a country that is the No. 1 economic power in the world.

I tell you, if we want to stay the No. 1 economic power in the world, we can-

not be stuck in traffic and have all that congestion. Billions of hours and billions of dollars are lost because we are not keeping up with the image that was painted for us by Dwight Eisenhower way back when I was a kid when he said we need to have a network of highways that run seamlessly across our Nation and connect us, one to the other—a national highway system. We cannot lose that vision.

There are some people who say: Why do we need a national system? Let's just have the States do it.

No. This is one Nation under God, indivisible. We need to be connected. When the imports come in from all the various countries, from the Asian nations into Los Angeles—and 40 percent of our imports come in there—we take those, we put them on trains and trucks, and they get shipped out all across America to every State in the Union. That is commerce. That is called commerce, interstate commerce. We need the roads to be ready and able to take that kind of traffic and not have a situation where so much is added to the cost of transport because there is so much congestion that we begin to lose our effectiveness as an economic power. That, frankly, is where we are. Not only do we import, we export, so we have to take the exports to the coasts, the east coast and west coast. We have a lot of opportunity to go to the gulf coast. If we do not keep up with this national system of highways, we are in trouble.

This is a great bill. This bill is a reform bill. You take it down from a lot of titles to just a couple dozen titles. We do not overspend. We keep spending at current levels. The Finance Committee has done its job to help us build a trust fund for 2 years.

The last point I would make before yielding the floor because I know my friend from Georgia is here, and he is my very good friend—I know he has some remarks he might have on this subject or another subject, and he is going to talk to me as the chairman. We have some work we want to do, so I am going to close it here.

What I want to say is that this is really close to an emergency, and I do not overstate it. The entire transportation program expires on March 31. That means all of our States are going to be hit with the end of a program that is essential to their people, to their businesses. That is why we have 1,000 organizations representing millions of people—from the chambers of commerce, to the AFL-CIO, to the granite people, to the cement people, to the general contractors; seriously, the AAA—it goes on and on from A to Z, 1,000 organizations that are behind our bill. They are not going to look kindly on a situation we could come to, which is that we do not have a bill. You cannot just extend this bill because the money is not in the trust fund anymore. It is not like past years where you could extend it. The money is not in the trust fund. If we have to cut one-

third, we are talking about hundreds of thousands of workers who would be laid off.

I again thank the majority leader, Senator REID, because he is getting us off center here. He is getting us off that line. We are moving forward.

Mr. President, I ask unanimous consent that there be no motions in order other than a motion to table prior to the vote in relation to amendment No. 1520.

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

Mrs. BOXER. I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant editor of the Daily Digest proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DURBIN. I ask unanimous consent to speak as in morning business.

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

REMEMBERING DR. YOUNG WOO KANG

Mr. DURBIN. Mr. President, the march of progress in America can be marked by the expansion of freedom. Slaves who were denied full citizenship under our Constitution were given their rights with amendments after our Civil War. Civil rights legislation in the 1960s helped African Americans and others claim their rightful place in our society. And women, denied a vote in America for generations, finally won that right early in the 20th century.

Yet it took us until nearly the end of the 20th century to acknowledge the rights of another group of Americans who have suffered discrimination throughout history: people with disabilities. I would like to take a moment to recognize one of the heroes of the disability rights movement who passed away this past Thursday at the age of 68.

Dr. Young Woo Kang was a champion for people with disabilities in America, his native South Korea, and throughout the world. Born in a small farming village in South Korea under the shadow of the Korean war, Young Woo Kang overcame adversity to become the first blind South Korean to earn a Ph.D.

Dr. Kang's life reminds us that disability can happen to anyone at any time. When he was 14 years old, a soccer injury cost him his eyesight. He spent the next 2 years in the hospital and endured several surgeries before learning that he would never regain his sight.

That was in 1960. At that time, there were only two professions in South Korea open to the blind: masseur and fortune teller. But Young Woo Kang had other plans. When he was refused admission to college because of his disability, he challenged the system and won. And when he was allowed to take the college entrance exam, he scored in the top ten—out of hundreds of stu-

dents. Dr. Kang became the first blind person to graduate—with highest honors—from Yonsei University, South Korea's oldest and most prestigious university.

He planned to earn a post-graduate degree in special education from the University of Pittsburgh. In fact, he had already been accepted at the university when he learned that South Korean policy prohibited its citizens with disabilities from studying abroad.

He lobbied successfully to have this policy changed—not only for himself but also for the thousands of other South Koreans with disabilities.

In 1976, after obtaining his Ph.D., Dr. Kang taught international affairs at Taegu University in South Korea and became a disability rights advocate.

He urged the passage of legislation in Korea similar to the Americans with Disabilities Act and helped develop the first Braille alphabet for the Korean language. He also founded Goodwill in Korea, which provides job training and career services to people with disabilities.

Dr. Kang and his wife Kyoung, or "Kay," as she is known, were blessed with two sons, Paul and Chris. Dr. Kang and his wife both worked in the Gary, Indiana, public school district for decades—he as a supervisor for special education and she as a teacher for visually impaired students. He also served as an adjunct professor for Northeastern University in my home State of Illinois.

In 2002, Dr. Kang was nominated by President George W. Bush to serve on the prestigious National Council on Disability, an independent federal agency that advises the President and Congress on issues affecting the 54 million Americans with disabilities.

A moment ago I mentioned Dr. Kang's sons. Dr. Paul Kang is an ophthalmologist and has served as the President of the Washington, DC Metropolitan Ophthalmological Society. Chris Kang, a familiar name to many in this Chamber, was a member of my Senate staff for 7 years. Like his father, Chris is brilliant and hard-working.

After graduating from the University of Chicago and the Duke University Law School, Chris came to work for me answering constituents' letters and emails. Chris says he was drawn to public service by the example of his father, who taught him that government can limit people, but it can also help people.

He rose quickly through the office ranks, moving from answering letters to serving as one of my Judiciary counsels. He became my chief floor counsel and served 4 years negotiating legislation, helping me better understand Senate procedure, and conducting important whip counts.

Three years ago, Chris Kang accepted a position as Special Assistant to the President on the White House legislative affairs team. He has made history in his own right by helping to pass such

historic laws as the American Recovery and Reinvestment Act, the Affordable Care Act, and the Fair Sentencing Act. Last year, Chris moved into a new position, a promotion, as senior counsel in the White House Counsel's office, where he is now the President's top advisor on judicial nominations.

How's that for an American success story—an immigrant father appointed by a Republican president and his American-born sons, a doctor and Senior Counsel to a Democratic President?

The great humanitarian Helen Keller, who lost her hearing and her sight as a young child, was asked once whether she could imagine any fate worse than losing one's sight. She replied, "Yes, losing one's vision."

Like Helen Keller, Dr. Young Woo Kang lost his sight due to an injury. But he was blessed with vision. That vision enabled him to create a life for himself that was almost unimaginable in the world in which he grew up. He had a vision of an America and a world in which people were measured by their abilities, not their disabilities. His vision and courage helped to expand our own vision and make us a better nation.

I offer my deepest condolences to his wife Kay, his sons, Paul and Chris, and his extended family, friends and colleagues. Dr. Kang lived a life of accomplishment and inspiration. His legacy will live on through his sons and four grandchildren, including 4-month-old Katie, a source of great pride for Dr. Kang. And his mission will live on through the good he achieved and the doors he opened for people with disabilities in Korea and America and around the world.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant editor of the Daily Digest proceeded to call the roll.

Mr. FRANKEN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. SHAHEEN). Without objection, it is so ordered.

AMENDMENT NO. 1520

Mr. FRANKEN. Madam President, I would like to talk for a moment about religious freedom. Our country was founded on the belief that all Americans should have the right to practice their religious beliefs as long as their faith does not infringe on the rights of others. This concept, which is, I have the freedom to stretch out my hand as far as I can unless I punch Hannah here in the face—I do not have the freedom to do that; that is impinging on Hannah's rights—actually pertains to more than just freedom of religion but our basic concepts of what people's rights are, and this is an idea that is woven through our Constitution and our Bill of Rights. I have the right to choose my profession, where I live, and I have a right to choose my doctor according to my own faith, but I do not have the right to choose yours.

When we wrote the health reform bill, we made sure to account for this balance. The health reform law required insurance companies to cover preventive health benefits without copays, and we asked the Institute of Medicine to study which preventive health benefits should be included. Last summer, the IOM—the Institute of Medicine—recommended to the Department of Health and Human Services that contraceptives should be covered, along with cancer screening, screening for domestic violence, and many other services that have been shown to improve women's health.

A number of religious institutions objected to being required to cover contraceptive services as a preventive health benefit for their employees. President Obama heeded their concerns, and he created an exception for churches and other religious institutions. The President went even further by saying that religiously affiliated organizations will not have to pay for contraceptive coverage for their employees. I will say that again. A religiously affiliated, nonprofit employer will not have to pay for contraceptives for their employees—and that was applauded by a lot of Catholic groups, for example—but the employees would have the right to contraception, to exercise their religious rights. And very often, contraception is used as a medical preventive—I think 15 percent of all use of contraception is to prevent maladies women have.

I believe all Americans should be able to freely and fully practice their religious beliefs to the extent their practice does not infringe on the freedom of others. I believe this freedom is at the heart of our society in America.

I applaud the President for finding a solution that protects religious freedoms while also providing health care to nearly all women. However, my friend Senator BLUNT, with whom I am actually working on a separate transportation amendment, has filed a non-germane amendment that goes much further than the President's accommodation of religious employers.

His amendment says that any employer or health insurer could opt out of any essential benefit or preventive service required by the Affordable Care Act. All they have to do is say that their objection is on religious or moral grounds. This amendment would upend how our entire insurance system works. It would allow any employer to opt out of covering any health care service guaranteed to Americans by the Affordable Care Act. This is an unprecedented proposal, one that could change the structure of health care in our country much for the worse.

The President found a balanced approach that maintains women's access to health care, while allowing religiously affiliated organizations to opt out of paying for it. On the other hand, Senator BLUNT's amendment would allow employers to prohibit health plans from providing preventive health

services guaranteed by the Affordable Care Act. For example, under this amendment, an employer could object to covering vaccines for children. There are people in this country—I am sure many of them are employers—who have a moral objection to vaccines, so the plan would not be required to cover it or an employer could choose not to allow an insurer to cover maternity care for a single woman. There are people with moral objections to people having children outside marriage. So the woman would have to pay for her prenatal care and her maternity care out of pocket, if the employer just says: Oh, nope. I have a moral problem with that.

Of course, Senator BLUNT's amendment ignores the religious freedom of women to be able to access contraceptives. The President's accommodation a couple weeks ago protected the religious freedom of religious organizations, while also protecting the religious freedom of the women who are their employees. Remember, the employees have religious freedom too.

The Blunt amendment violates the freedom of women to receive the kind of scientifically proven health care that she chooses—she chooses. This proposal does not simply put women's access to birth control in the hands of their employers, it does not simply allow politics to get between women and their doctors, it changes the way health care is provided in our country. It violates a core belief in our society that our religious decisions are our own and that each of us, every woman and man in our society, has the right to make decisions about our own health for ourselves and for our families.

Over the last decade, we have seen proposal after proposal that would politicize the decisions that women make with their doctors. Now we are seeing an all-out attack on women's rights to protect their health by using contraceptives, something that almost all women in this country use at some point in their lives. These women choose to do that. It conforms with their own beliefs about what is best for them.

I think we all believe, or almost all of us believe that women should have that right. This seems to be a clear case of one person's religious beliefs impinging on the rights of others. It is a deeply worrying case of one person's hand meeting another's face.

I rise to urge my colleagues to fight back against these assaults. I urge my friends on both sides of the aisle to think about this, to respect the decisions that each woman makes about her health care, to protect each woman's religious freedom, her liberty, and to oppose Senator BLUNT's amendment to undermine this basic freedom.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. SANDERS. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

DENTAL CRISIS IN AMERICA

Mr. SANDERS. Madam President, I am here for Senator BOXER, in terms of the Transportation bill, but before I get into transportation, I wanted to say a word on another issue that does not get the attention it deserves, and that is why, as chairman of the Subcommittee on Primary Health Care, I will be holding a hearing on the dental crisis in America.

As I think many Americans know—although they do not hear a whole lot about it—we as a Nation are in the midst of a very severe dental crisis. More than 47 million Americans live in places where it is difficult to get dental care. About 17 million low-income children received no dental care in 2009. One quarter of adults in the United States ages 65 or older have lost all of their teeth. Low-income adults are almost twice as likely as higher income adults to have gone without a dental checkup in the previous year.

I should tell you that bad dental health impacts overall health care. When you talk about dental care, you are talking about health care in general. If people have bad teeth or no teeth, they are unable to digest their food, which causes digestive problems. People who have poor teeth can get infections leading to very serious health problems. And, in fact, there are instances where people have actually died because of poor teeth and infections. Furthermore, the risk for diabetes, heart disease, and poor birth outcomes are also significant if people are not having their teeth well maintained.

Since 2006, there were over 830,000 visits to emergency rooms across the country because we have a lot of low-income people who are in severe pain and they can't find a dentist. So they go into an emergency room, and I suspect maybe they get their tooth extracted or get some pain killer. But that is certainly not an adequate substitute for providing the dental care that all Americans need.

Almost 60 percent of children ages 5 to 17 have cavities, making tooth decay 5 times more common than asthma among children of this age. In fact, as I understand it, the single most prevalent reason for children being absent from school is, in fact, dental problems.

In the midst of the severe need for more dentists, what is happening is our dentists in our dental communities are becoming older and many of them are retiring. In fact, we need a lot more new dentists to replace those who are retiring. The sad truth is that more dentists retire each year than there are dental school graduates to replace them.

One of the other problems we are facing is that only 20 percent of the Nation's practicing dentists provide care

to people with Medicaid. So that is a serious problem. We need more dentists but, equally important, we need to make sure that dentists are providing service to the people who need it the most. And one of the sad realities of contemporary dental life is that only 20 percent of the Nation's practicing dentists provide care to people who are on Medicaid, and only an extremely small percentage devote a substantial part of their practice to caring for those who are underserved.

The current access problem is exacerbated by the fact that private practices are often located in middle-class and wealthy suburbs. What we need is to bring dentists into those areas where people need dental care the most. That is certainly something we need to do.

Further, we need to expand Medicaid and other dental insurance coverage. One-third of Americans do not have dental coverage. Traditional Medicare for seniors does not cover dental services. States can choose whether their Medicaid Programs provide coverage for dental care for adults, and the truth is many of them do not.

Let me give some good news, though, in terms of where we are making some progress. Recently—and I have been active in this effort—there has been an expansion of federally qualified community health centers. Community health centers provide health and dental care to anybody in the area regardless of their ability to pay. We now have a situation where community health centers are providing dental services to over 3½ million people across the country.

I am happy to say in the State of Vermont, in recent years, we have seen a very significant increase not only in community health centers in general but in community health centers that are providing state-of-the-art dental care. We have beautiful new facilities located in Richford, in the northern part of our State; in Plainfield, VT, in the central part of our State; and in Rutland. Burlington is just developing a beautiful new dental facility.

Furthermore, one of the areas where I think we are seeing some progress not only in Vermont but around the country—and which I think has huge potential—is putting dental offices right in schools. I know in Burlington, VT, we helped bring that about some years ago, and we have kids from all over the city of Burlington getting their dental care at one particular school. It is working phenomenally well, and we have similar programs in Bennington and Richford.

I did want to mention that I think the time is now for the Congress to begin addressing this issue. One of the things I have done recently on my Web site—which is sanders.senate.gov—I have asked people in Vermont and all over the country to tell us their stories in terms of what happens if they do not or if members of their family don't have access to dental care. We have received more than 1,200 stories from

Vermont and all over this country. Those stories are heartbreaking because they tell the tales of people who are suffering every day because they simply don't have the money to go to a dentist to take care of their dental needs. These are parents who are worried about their kids and pointing out how hard it is to find affordable dental care in their communities. So if people want to write my office, they can go to my Web site, sanders.senate.gov, and we would love to hear from them. Because I think there are a lot of stories out there that are not being told.

What I wish to do now is to read from a publication that we have just produced called "Dental Crisis in America: The Need to Expand Access." This will be distributed and released tomorrow at our hearing, but I did want to read a few stories which I think speak to the experience that a whole lot of people from one end of this country to the other are having regarding lack of access to dental care.

This is from a woman named Heather Getty, who lives in East Fairfield, VT, in the northern part of our State. This is what she says:

My husband and I and our four kids are the working poor. We have to think about rent and electricity before we think about dental care. My wisdom teeth have been a problem for over a decade now. I take ibuprofen and just keep on going. My husband has not seen a dentist since he was a teenager. He's afraid of the costs if they find something. So it's been 20 years. Because of Vermont's Dr. Dynasaur program, at least my children have been lucky enough to have regular cleanings, but I have to comb through the Yellow Pages to find an office who will accept their coverage. One time I missed an appointment because my car broke down, and when I called to reschedule, they told me that we had been blacklisted and that no one from my family could be seen by that office again. We've learned over the years how important dental care is. If you get preventive care early, you are less likely to have problems later on.

That is from Heather Getty in East Fairfield, VT.

Let me read a statement from Shawn Jones in Brattleboro, VT.

Last year, I had a toothache that was so painful, I had trouble eating and sleeping. My girlfriend is also covered by Medicaid so I called her dentist, but they wouldn't see me. So I called 12 more dentists in the area, but they all said the same thing: They weren't taking new Medicaid patients. A few said to call back in three months, which seems like a long time to live with a bad toothache. Finally, someone from Office of Vermont Health Access helped me get an emergency voucher to get my tooth pulled. I'm just grateful that my girlfriend had a car to get me there.

That is just a couple of the statements that came from Vermont, and in fact from all over the country. But let me read a statement from Dr. David Nash, who is the William R. Willard Professor of Dental Education, Professor of Pediatric Dentistry, College of Dentistry, University of Kentucky in Lexington. Dr. Nash writes:

Society has granted the profession of dentistry the exclusive right and privilege of

caring for the oral health of the nation's children. Unfortunately, the dental delivery system in place today does not provide adequate access to care for our children. In many instances it is because few dentists will accept Medicaid payments. In other countries of the world, children's oral health is cared for by dental therapists, primarily in school-based programs. This results in an overwhelming majority of children being able to receive care. Dental therapists as utilized internationally do not create a two-tiered system of care. They have extensive training in caring for children, significantly more than the typical graduate of our nation's dental schools. International research supports the high quality of care dental therapists provide. The time has arrived for the United States to develop a new workforce model to care for our children's oral health.

What Dr. Nash is talking about is another issue we will be discussing tomorrow in the hearing; that is, it is clear from international studies and, in fact, from some States in the United States that there are well-trained people who can take care of certain types of dental problems who are not dentists. I think that is an area we need to explore—how can we expand the dental profession to include people who do not graduate dental school but who have the qualifications to take care of a variety of dental problems?

Let me read another story that comes from Vermont regarding what happens if you don't have dental care. It is from Kiah Morris from Bennington, VT.

When I was pregnant, I had a tooth infection that had gotten into my lymph nodes and I needed a root canal, but adult Medicaid has a \$495 cap, which wasn't enough. Dental care shouldn't be a luxury.

What she is saying is that in Vermont and in many other States where you do have Medicaid helping out for dental care for low-income people, there is often a cap, and that cap is much too low to provide the services many folks need.

So the bottom line is that we have a crisis in terms of access to dental care in this country. We lag behind many other countries around the world in that regard. We have many people who have no dental insurance at all. Some who do have dental insurance, such as my family, have very limited coverage—I think it is about \$1,000 a year. Meanwhile, the cost of dental care is sky-high, and we are also going to explore why that is so. I am not sure I understand or many people understand why dental care is as expensive as it is. What I do know is that there is a city in northern Mexico whose function in life is to provide dental care for Americans who go down below the border because they can't afford dental care in this country.

There is a serious problem. People don't have dental insurance. Low-income people don't have access to dental care. We have many dentists out there who are not accepting Medicaid patients or, if they are accepting Medicaid patients, they are accepting very few of them.

The population of our dentists in general is getting older, and we are losing more of them to retirement than we are seeing graduates of dental school. Even the dentists who are graduating are often not migrating to the areas where we need them the most. Many dentists are involved in making our teeth white and shiny and our smiles very beautiful, but meanwhile in those communities there are people who are seeing the teeth in their mouth rot away, there are kids who have dental problems, and they are not getting the treatment they need.

I hope that tomorrow at the hearing we are going to bring forth some great panelists. We will be talking about the issue. I intend, as soon as we can, to introduce comprehensive legislation to make sure every person in this country has access to affordable and decent-quality dental care.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. CASEY). The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. SANDERS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. SANDERS. Mr. President, we are debating the Transportation bill, so let me say a few words about transportation.

I think everybody in this country—or at least anybody who gets into an automobile and drives around—understands that we have a major infrastructural crisis in this country and that it is becoming more dire each passing year.

The American Society of Civil Engineers has reported that we should be investing \$2.2 trillion over the next 5 years simply to get our roads, bridges, transit, and aviation to a passable condition. This is more than eight times the annual rate of spending proposed in the bill under consideration.

The first point I think we should acknowledge is that the legislation before us, which I support and which is significantly a step forward, is a very modest proposal going nowhere near as far as we should be going.

Clearly, I see when I go home to Vermont, and I am sure you see when you go home to Pennsylvania, the very apparent infrastructural needs we as a nation face. In my State of Vermont, just under one-third of Vermont's bridges are structurally deficient or functionally obsolete. About one-third of Vermont's bridges are structurally deficient or functionally obsolete. Thirty-six percent of our Federal aid roads are in need of major repairs. In fact, a recent national report ranked Vermont's rural roads as the worst in the Nation, and that was before the very terrible storm we experienced, Tropical Storm Irene, which caused hundreds of millions of additional dollars of damage to our roads.

I think the point here is not a complicated point. I was a mayor for 8

years, and I had to deal with the roads and the water system in the city of Burlington, and I think I speak for every mayor in the world when I tell you that infrastructure does not get better all by itself. I think we can all agree that if you do nothing, if you do not invest in repairs, it is just not going to get better. In fact, it will get worse.

It is really dumb that we as a nation end up spending a lot more money than we should in repairing our roads and bridges and water systems because we don't adequately fund maintenance. If you keep up good repair, it will end up costing you less money. If you ignore them and they deteriorate and you need to massively rebuild them, it ends up being a much more expensive proposition.

So as a nation what we should be doing is properly maintaining our infrastructure, investing a certain sum every single year. And I should tell you that compared to the rest of the world, we do not do a particularly good job of that. Right now, the United States invests just 2.4 percent of our GDP on infrastructure. Europe invests twice that amount, and China invests almost four times our rate. Roughly 9 percent of their GDP goes to infrastructure. So in terms of our own needs, we are falling behind. Internationally, other countries are doing a lot better than we are.

Equally important is that we are in the midst of the worst economic downturn since the Great Depression. If you look at those people who have given up looking for work, those people who are working part time or want to work full time, real unemployment in this country is not just the official 8.2 percent, it is closer to 15 percent. And what economists tell us is that if we are serious about creating jobs, investing in infrastructure is probably the best way to do that. It is the easiest way to create meaningful, decent-paying jobs. For every \$1 billion of Federal funds spent, we can create or maintain nearly 35,000 jobs. Given the economic crisis we face, that is exactly what we should be doing.

In addition to preserving more than 1.8 million jobs, the legislation we are dealing with today, which is being presented by Senators BOXER and INHOFE, will create up to 1 million new jobs by expanding the TIFIA Program—a measure championed by Chairperson BOXER. This is an extremely important issue. It is important for our productivity because when you have a crumbling infrastructure, productivity suffers. It is important in terms of international competition. It is important in terms of job creation. It is important in order to provide a basic need for millions of Americans.

People do not want to drive on roads which are falling apart, that have huge potholes. People want to make sure when they go over a bridge, that bridge will not collapse. People want to make sure we have a strong rail system, not a rail system which, in fact, is far be-

hind those of Europe, Japan, and China.

This bill, while modest in terms of our needs, is a step forward. It is a bipartisan bill. I hope we can get to it and pass it as quickly as possible because the infrastructure needs of this country are great, and they must be addressed.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

MORNING BUSINESS

Mr. BENNET. Mr. President, I ask unanimous consent that the Senate proceed to 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.

SENATE YOUTH PROGRAM

Mr. REID. Mr. President, I rise today to honor the achievements of the U.S. Senate Youth Program, USSYP, an organization that has molded some of our Nation's brightest students to become the next generation of public servants.

This year marks 50 years of a commitment to educate and nurture talented young leaders interested in serving their communities. The USSYP hails from a strong family that valued bipartisanship and democratic law-making. William Randolph Hearst's sons, George R. Hearst and Randolph A. Hearst, envisioned this program and brought it to life with the collaboration of then-Senators Tom Kuchel, R-CA, Mike Mansfield, D-MT, Everett Dirksen, R-Ill., and Hubert Humphrey, D-MN.

The USSYP was created by S. Res. 324 in 1962 "to increase young Americans' understanding of the interrelationships of the three branches of government, the caliber and responsibilities of federally elected and appointed officials, and the vital importance of democratic decision making not only for America but for people around the world."

I would also like to commend the State departments of education across the country that select the outstanding students each year and the Department of Defense, which provides competitively selected military officers from every service branch to serve as guides and mentors to the students during the program. The Hearst Foundations have continued to administer and fund the program since inception, including college scholarships for each student given with the encouragement