

is not what they were doing at all. What they are doing is saying, you are going to comply with this rule and we are going to give you a year to figure out how to compromise your principles in a way that applies, and that is the wrong thing to do. Whether it is the Respect for Rights of Conscience Act or other legislation, if the administration doesn't take care of this administratively, I believe it will be taken care of legislatively.

When you have bishops, church leaders, and people who have spent their lives dedicated to hospitals, schools, and other institutions that reflect their faith principles, you cannot suddenly decide that those don't matter or they can be changed in a year. They also will need to have some legal cause of action to pursue this, just like the Religious Freedom Act in 1993 created cause of action. One cannot go in and have an unreasonable incursion on the faith beliefs of people under the first amendment. No matter how good you think the cause might be, it is not good enough to violate that fundamental principle.

Senator AYOTTE has had lots of contact—I think many of us have. If you were in a military service last week, you might have heard one of these letters read. I saw the line that had to be taken out of the letter apparently that the Army wouldn't otherwise—was standing in front of, but was read in the other services, which was the line that said: We cannot, we will not comply with this unjust law.

When the government begins to tell people to do things that violate their faith principles, the government has gone too far.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. BLUNT. I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Madam President, what is the parliamentary situation?

The PRESIDING OFFICER. The majority controls the time until 6 p.m., and Senators are limited to speak for up to 10 minutes each.

WOMEN'S HEALTH

Ms. MIKULSKI. Madam President, I claim 10 minutes of the Democratic majority time. I come to the floor to speak about women's health. I come to speak about the issue of prevention, and I want everybody to fundamentally remember what we debated and what we did in the health care bill.

For the first time in a long time, our Nation is talking about women's health. Am I glad to hear that. It has mostly been happening on the morning talk shows and on the front pages of our newspapers. But, unfortunately, too much of the conversation isn't about women's health; it is politics disguised as women's health.

What should we be talking about when it comes to women? We should be talking about the top killers of women:

cancer—that dread “C” word—including breast cancer, cervical cancer, lung cancer. They are the highest killers of women: lung cancer, cervical cancer, and breast cancer. Then there are the silent killers of women: undetected diabetes as well as the consequences of heart and vascular disease. What did we talk about in the health care bill to deal with these issues? We talked about the fact that we needed preventive services, that we believed in early detection, that we believed in screening for early detection so we could identify those consequences that would negatively impact women in terms of their health care.

One of the things we know is that many women don't have health insurance at all. Seventeen million are uninsured. Women are most likely to neglect their treatment because of cost. Women of childbearing age are also even more at risk because they are performing jobs that tend to be starting out and they don't pay for health insurance.

We tackled a lot of this in the health care bill. I am so proud that one of the first things we did was end general discrimination in health care—the punitive practices of insurance companies discriminating against women by charging more for women of the same age and the same health status as men. But we came together, united, and passed it as part of the affordable health care act, and we ended gender discrimination.

Then we saw that simply being a woman meant being treated as a pre-existing condition. I held a hearing about this that was bone-chilling, when we listened to how women were discriminated against and aspects that had happened to them were viewed as a preexisting condition. In eight States if a woman was a victim of domestic violence, she could not get health insurance.

In another bone-chilling story, which was breathtaking, a woman testified at our hearing that because she had a C-Section, her insurance company told her they would drop her from their insurance plan unless she got sterilized. That was in the hearing. She had a letter from her insurance company. We were aghast on both sides of the aisle, regardless of how one feels about some of these reproductive issues. Nobody felt that should happen in America. So the people on the committee, led by myself, said: We can't have that. So we have ended discrimination against women getting health care on the basis of preexisting conditions.

We wanted to go further, and one of the issues we looked at was that of prevention. This is a subject of great debate. The very first amendment on the Senate floor during the health care debate was one to add preventive health care benefits. I offered an amendment, and the Senator from Alaska, Ms. MURKOWSKI, offered a counteramendment. Her amendment was terrific. She had every preventive service that I would

have ever loved. CBO, though, scored it at something such as \$50 million. The CBO's score sunk the Murkowski amendment, but the Mikulski amendment prevailed, in which we said we will leave it to the Institute of Medicine to determine what would be some of these amendments for women.

So guess what we have. In our preventive health amendment, which is now the subject of such debate, such controversy and, unfortunately, such misinformation, our amendment said this: First of all, if a woman is over 50, she gets a free yearly mammogram, one of our highest risks. Second, if a woman is over 40, she gets an annual well woman preventive care visit. This then goes to the screenings that then go to the highest risk for the highest diseases we have.

We have early detection and early screening. For young women who are pregnant, we guarantee they can be screened for diabetes, but also in our prevention amendment we provided for maternity services. We provide for maternity services so these women can get proper prenatal care. Working with their doctor, we can ensure the health of the mother and survivability and the ability to carry her pregnancy to term. We looked out for those maternity benefits.

IOM also said that as part of prevention we should add contraceptive coverage. That was a recommendation not of Senator BARB and not of Senator JEANNE SHAHEEN; this was a recommendation of the Institute of Medicine. Why do they say that? First of all, there are over 15 or 20 percent of women who need to take birth control in order to deal with the medical issues associated with their menstrual cycles. This isn't the place to go into the biology of being a woman, but for many this is where people long before—young women and adolescents who were not sexually active were experiencing some significant hormonal problems. So it is not always about being sexually active.

So this whole thing about the preventive amendment being all about birth control is so exaggerated, so overblown, so out of context with what we wanted to do. I am shocked and—I am just shocked.

We looked at our bill, in addition to my amendment, and we included preventive services for men and women, those services that affect both sexes, including colorectal screening for adults over 50. That also includes prostate screening for men. We have diabetes and high blood pressure screening. There is also the ability to do alcohol misuse screening which, in many instances, is an undetected and silent killer not only of lives but of families.

So one of our major thrusts was prevention. We won maternity benefits so a mother can be safe and well herself and be able to carry her pregnancy to term in a way that ensures the health of both the mother and the child, when the child is born. The fact that we had these other screenings, including mammograms, prostate cancer, diabetes—

the things that are killers of us all—some of these will close the health disparity gap because so many African-American men face terrible problems with high blood pressure that leads to the terrible consequences of stroke. Diabetes is rampant in our country but particularly rampant among people of color. So that is what we were doing.

I find it troubling that instead of focusing on our preventive health services, we are focusing on birth control. Birth control was never the focus of health care reform. It was a recommendation to be included in the benefit that came from the Institute of Medicine.

There is another bit of confusion out there about mandating churches to do something against their will. I wish to draw a distinction between what the bill does and mandating the provision of service and providing insurance coverage. The bill does include insurance coverage. But there is no place in the bill that mandates a religious organization provide something against their principle in providing a service. So if you are St. Mary's Hospital, you do not have to give out birth control in your women's health clinic. If you are Notre Dame University or Georgetown University or a Catholic women's college, you do not have to give out birth control in your student health clinic.

What the Obama-Sebelius regulations say is that there has to be insurance coverage available, particularly to those who are non-Catholic. For all of us who go to these wonderful institutes and have benefited from their services, they are nondiscriminatory. One does not have to be Catholic to teach at a Catholic college. One does not have to be Catholic to work at a Catholic hospital. One does not have to be Catholic. So these institutions hire people of a variety of religious preferences.

I don't want to get into a debate on the first amendment, but I do welcome a debate on what the health care bill did and what it intended.

The health care bill, I felt, was one of the greatest social justice initiatives I have participated in in the Senate. It was going to work and organize in an effective way to make sure we were on the road that every American had access to affordable care. Then we removed the barriers that were not only financial but often these discriminatory practices, these punitive practices that often were directed against women and preexisting conditions or in gender discrimination and the way they set their prices.

The best care is preventive care, and one of the tools well known in the public health field is these screenings tests that we worked to provide, and we turned to the eminent and distinguished people in learned societies, in this case the Institute of Medicine, to tell us not based on politics but to tell us based on science what the benefits should be, and they added contraceptive coverage.

That is the history. I hope it clears up the misinformation. But we did

work to move our citizens to greater health care and remove the financial and other societal barriers to getting health care in our society, with a fantastic emphasis on prevention. We have gotten off to the wrong debate and the wrong discussion. Let's get back to talking about how we improve the health care of women and how we can keep moving on our preventive aspects that not only help women but help the men who so love us and support us, and we want to return the favor by making sure they get their screenings too.

I yield the floor.

The PRESIDING OFFICER (Mr. CASEY). The senior Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I am pleased to be able to join my colleague from Maryland to try and point out how this issue is being manipulated.

Almost 2 years ago, Congress—this institution—voted to end discrimination against women by health insurance plans. We voted to make it easier for women to seek referrals to see the health specialists they need, and we voted to give women greater access to affordable preventive health care services, including contraception.

These are important historic advances for women's health, and they should not fall victim to ideological policies.

Over the last several weeks, we have seen women all across this country stand in huge numbers to support women's health. That grassroots support will be needed again and again to stave off ideological attacks on women's health care.

Over the past year, House Republicans have repeatedly attempted to both eliminate funding for title X family planning and Planned Parenthood. Thankfully, we have been able to block these attempts in the Senate.

Ninety-seven percent of the reproductive health services provided by Planned Parenthood in New Hampshire and across the country is preventive care. As we all know, preventive health care lowers health care costs and saves lives.

We were reminded of the important role Planned Parenthood plays in preventive health when the Susan G. Komen Foundation decided to end its contracts with the provider. It is unfair to politicize women's health in the way we saw played out in the media last week. Women from across the country let their voices be heard. The 750,000 women who received breast cancer screenings at Planned Parenthood clinics with support from the Komen Foundation deserve better. They did not ask to be thrown into the political fire. They merely sought detection and treatment against a life-threatening disease.

I am pleased Komen reversed that decision.

I also commend the President for standing for women's health and reaffirming the recommendation of the Institute of Medicine to protect access

to affordable birth control for all women. The decision requiring health care plans to cover contraception with no copays or deductibles will improve the lives of millions of women and their families.

Birth control pills can cost up to \$600 a year. It can be a serious economic issue for some women. Studies have shown it costs employers as much as 17 percent more to exclude contraceptive coverage in employee health care plans than to provide such coverage.

Birth control is also a fundamental health care issue. Doctors and public health experts agree that increased access to birth control prevents unintended pregnancies. It is directly linked to declines in maternal and infant mortality and a reduction in the risk of ovarian cancer. It is linked to overall good health outcomes.

Permanent and temporary contraception is critical for family planning purposes, but many women—a full 14 percent—use birth control for medical and health reasons, including helping to reduce the risk of some cancers, treatment for endometriosis, serious infections, and cysts.

Let's be clear. In talking about the health benefits of birth control, I am not telling women they must use it. The decision on whether to pursue contraception is an individual choice that each woman must make for herself with her family. No part of the affordable care act or the President's ruling regarding insurance coverage forces any woman to use contraception.

However, birth control will now be affordable and accessible for any woman who, in consultation with her doctor, decides she needs or wants to use it. The policy represents one of the greatest advances for women's health in decades.

Sadly, there is an aggressive and misleading campaign to deny this benefit to women. A conscience clause exists that exempts religious institutions such as churches from having to carry insurance that covers contraception. Mr. President, 335,000 churches and their employees in this country are exempt. Many have argued that conscience clause should be expanded to include religiously affiliated hospitals and universities in the name of religious liberty.

The millions of women who work in a Catholic hospital or university—from the overnight nurse to the classroom aide or cafeteria worker—who choose to use birth control should have the same access as their counterparts at other institutions. That is their decision. It is not their employer's.

There are religions that believe divorce is a sin. Should these institutions be exempt from our labor laws and be allowed to discriminate based on marital status? Of course not, and this is no different.

A recent survey showed that 71 percent of American voters, including 77 percent of Catholic women voters, support the requirement to make birth

control available to all. They understand that religious freedom means that all women—Catholic or non-Catholic—should have the opportunity to make their own decisions when it comes to birth control.

I applaud the President for his decision and for putting women's health above politics.

We know ideological attacks on women's health care will continue. But I thank my colleagues who are here today for speaking out against those who want to turn the clock back on women, who want to limit access and availability of women's health services. We are watching, and we are going to continue to be watching.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, last week, we saw something amazing happening in communities across the country. When the news got out that the Susan G. Komen Foundation had cut off funding for breast cancer screenings at Planned Parenthood, men and women across this country were just outraged. They did not understand the decision, they did not agree with it, and they did something about it.

They picked up their phones, they talked to their friends, they e-mailed, they tweeted, they called their elected officials, they made their voices heard loudly and clearly, and they got results.

On Friday of last week, Komen did the right thing and announced they had reversed their initial decision. I wish to commend them for that because their mission and their great work in the fight against breast cancer is just too important to get mixed up in partisan politics.

But although that reversal was a great victory for so many women and men across the country, let's be clear: Our fight for women's health care did not end there. There are still many who continue to push partisan politics ahead of women's health, and we need to make sure the grassroots support and energy that successfully came together to right this wrong last week continues to stand firm against each and every attack that comes our way, because we do know those attacks are coming. Republicans in the House of Representatives have been waging a war on women's health since the moment they came into power.

After campaigning across the country a year and a half ago on a platform of jobs and the economy, the first three bills they introduced were direct attacks on women's health in America.

The very first one, H.R. 1, would have totally eliminated title X funding for family planning and teen pregnancy prevention. It included an amendment that would have completely defunded Planned Parenthood and cut off support for the millions of women in this country who count on it.

Another one of their opening round of bills would have permanently codi-

fied the Hyde amendment and the DC abortion ban. The original version of their bill did not even include an exception for the health of the mother.

Finally, they introduced a bill right away that would have rolled back every single one of the gains we made for women in the health care reform bill.

Their bill would have removed the caps on out-of-pocket expenses that protect women from losing their homes or their life savings if they get sick.

It would have ended the ban on lifetime limits on coverage.

It would have allowed insurance companies to once again discriminate against women by charging them higher premiums or even denying women care because of the so-called pre-existing conditions—such as being pregnant.

It would have rolled back the guarantee that insurance companies cover contraceptives, which will save the overwhelming majority of women who use them hundreds and hundreds of dollars a year.

We know ensuring access to effective birth control is directly linked to declines in maternal and infant mortality, reduced risk of ovarian cancer, better overall health outcomes for women, and far fewer unintended pregnancies and abortions, which is a goal we all share.

Contraceptive coverage should not be a controversial issue. It is supported by the vast majority of Americans who understand how important it is for women and families.

I also wish to note that the affordable contraceptive policy we put in place preserves the freedoms of conscience and religion for every American. Churches and other religious institutions are exempt, and no doctor would ever have to dispense contraceptives if that is at odds with his or her religious views.

But it also protects the rights of the millions of Americans who do use contraceptives, who believe family planning is the right choice for them personally, and who do not deserve to have politics or an extreme minority's ideology prevent them from getting the coverage they deserve.

I am very glad, joining with all my colleagues, that we beat back that effort by the House Republicans, and I truly wish to commend President Obama for moving forward with this sound policy for women across America. Because that is what this is truly about. It is what it needs to be about: women and their health care needs, not partisan politics, not point scoring.

House Republicans and their allies have demonstrated they will stop at nothing to politicize this issue. Last year, they even threatened to shut down the Federal Government in a failed attempt to defund an organization that provides critical health care services for millions of women in this country. Now they are trying to cut off contraceptive coverage for women across America.

They can keep trying to push their extreme agenda, but they should know we are going to fight back just as hard in the Senate, as we clearly saw this past week, with the voices of millions of people across America who feel very strongly that politics should never come between a woman and her health care—men and women who will be watching what is happening here in DC and who, I am confident, stand ready to act again.

I am proud to be here with my colleagues today. I am proud of the victory of last week, and I am determined to remain vigilant and keep up the fight for women, for men, and their families.

I yield the floor.

THE PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, I am also very proud to be here with my colleagues. I think Senator MURRAY was eloquent, along with Senator SHAHEEN and Senator MIKULSKI. I am here to put it in my own words; that is, here they go again. Sadly, politics has once again entered into women's health care. This time we see an attempt to deprive women of a critical benefit: access to contraception through their health insurance plans.

Just last week, what did we see? A move to punish women by taking away their free breast cancer screenings all because of rightwing politics.

Before that, as Senator MURRAY eloquently indicated, we saw a Republican move to defund family planning because of politics.

My Republican colleagues almost shut down the government over family planning, and now, if they have their way, millions of women could lose their contraceptive coverage, which could expose them to declining health outcomes and their babies to declining health outcomes and could cost them about \$600 a year.

Let's step back and look at where we are.

Some months ago, the Institute of Medicine, which is comprised of a number of leading scientific and health experts, made a decision.

They advised the Obama administration on what preventative benefits should be included for women—specifically for women—in new health insurance plans. That is what this whole to-do is all about. This organization that has nothing to do with politics and everything to do with health care made a very clear recommendation to the Obama administration. They said there are a number of preventative benefits that should be included for free for the women of this country: screening for gestational diabetes, HIV screening, cervical cancer prevention, annual well women visits, and access to contraception.

Now, just as these women, our women of this Nation, are ready for these preventative services—services they need, services most of them want—my Republican friends, from

Presidential candidates Romney to Newt Gingrich to the Senate and House Republican leaders—I heard Senator MCCONNELL threaten legislation to take away these benefits—to Speaker BOEHNER to individual Republicans in both Houses, they are gearing up to repeal one of these benefits: access to birth control—access to birth control.

Now, I believe women in this country deserve respect. Some of them do not want access to birth control. They have a religion that dictates their views, and they have every right to make that decision. Others decide that they need to have access to birth control. So the Obama administration said to the women of this great Nation that they believe there ought to be access. But I think it is very important that the Institute of Medicine said: No exception. They think access to contraception is so important to women's health, they did not want any exception. But the Obama administration made an exception for churches and for religious institutions, and under the Obama administration's rule, 335,000 religious organizations will not have to offer birth control if they have a conscience reason not to do so. That is a compromise.

Remember, the health experts said: No exceptions. The Obama administration said: Well, I want to respect the religious institutions and so I will allow them, if their mission is religious, and the people they serve and the employees they hire are basically of one religion, they are a religious institution, they will not have to offer contraception in the health care benefits to their employees.

But guess what. There is another part of this equation. Women. Women. They have to have their religious beliefs respected. That is why the President also said: If you run an organization that serves a diverse number of people from different religions, and so on, and different beliefs, let them have the right to make that decision if they want to obtain free birth control through their insurance.

Now, here is the thing. This outcry is astonishing to me since 28 States already assure access to birth control. I have never heard any of my colleagues—maybe they did. Maybe they did come on the Senate floor and complain. But more than half of our women—over 28 States, more than half of women have similar access to birth control. So this is not some new benefit. This is just making sure all women, except that very narrow band that work for strictly religious institutions, have the right to have access to free birth control.

The outcry is unbelievable, a political outcry making this a political issue when it is a medical issue. The President compromised. He said: If you are strictly a religious institution, you do not have to do this if you do not want to.

Now, here is the other thing. All organizations that have any religious

issue have an extra year to determine if they are going to offer this or how they can do it. They may be able to find a way in that year to get women access and at the same time not violate their consciences. They have an extra year to do that. But, oh, no, we are going to see legislation—I can assure you we are going to see legislation to overturn this, legislation that even goes further than this. And it is going to be a battle on the floor of the Senate, I am afraid.

I am not afraid of the fight; I welcome it because, let's be clear: Virtually all women have used birth control at some point in their lives. Let me repeat this. Virtually all women have used birth control at some point in their lives, including 98 percent of Catholic women. That is a fact. And 71 percent of American voters, including 77 percent of Catholic women voters, support the administration's policy.

So if my colleagues decide they are going to take this issue on in the face of overwhelming support for this policy by the American people, I say we are ready. We are ready to make the case.

Access to birth control is directly linked to maternal and infant health. This is not some theoretical right. It is a right that is necessary. Health experts tell us that women with unintended pregnancies are less likely to get prenatal care in the first trimester, and in some cases they never get it. If there is one thing that should unite us, it is healthy babies, healthy outcomes from healthy pregnancies. That is what we are talking about.

I want to talk about something else we do not hear enough of. I want to compliment Senator GILLIBRAND on this because she is the one who brought this issue to my attention.

A full 14 percent of women who use birth control pills—that is 1.5 million women—use them to treat serious medical conditions, not to prevent pregnancies. One of those conditions: Debilitating monthly pain, irregular cycles, conditions like endometriosis, serious conditions.

I just learned of a young woman at Georgetown University. Their insurance policy did not cover free birth control. Her doctor told her she had a serious medical condition and she needed to use birth control pills that had nothing to do with pregnancy or anything else, or preventing pregnancy. It was a serious medical condition. The diagnosis was—I may not say it right—polycystic ovary syndrome.

Now, what happened is, she was told: You must go on birth control pills. But we at Georgetown, we will not pay for that benefit. She had to go out and get it. It was more than \$100 a month. She could not afford it. Within months she developed a large ovarian cyst that had to be removed surgically. In addition, she lost an ovary.

So please do not stand here and tell us that women do not need access to birth control pills or contraception because we have story after story after story.

Let me tell you something else some folks may not know; that is, on many occasions when a woman wants to become pregnant and has irregular cycles and cannot, she will be put on birth control pills. A British scientific study came out and showed that after 5 years on birth control pills, women who wanted to get pregnant had a decreased risk of delayed conception—so they were better able to become pregnant and become mothers. So this is not some simple pat statement. This is about making sure the women of this country—the young women, the middle-aged women of child-bearing age and older woman who have other conditions—get the medicine they need—and, by the way, get them for free because \$600 a year for many middle-class or working poor women is just out of reach.

So I say to my Republican friends who came to the floor previous to our statements, do not punish women again. Do not try to. Under the administration's plan, churches are respected and women are respected. All sides are respected. No one is forced to use birth control; it is up to the women. In 28 States more than 50 percent of the women already have this benefit. Why are you bringing politics into this?

My Republican friends want to turn back the clock on birth control. Some of us remember the days when birth control was illegal. Well, I have news for them. This is the 21st century. Wake up. Look at your calendar. It is the 21st century, and women ought to be respected. Women ought to be trusted, and their families ought to be trusted and respected. We are not going quietly into the night on this one. We will be here. We will fight back. We will fight for women and their families and health care, and we will fight to keep politics out of the equation.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. LAUTENBERG. Mr. President, I come to the floor now as a father and a grandfather. Bonnie and I have five daughters and are grandparents of eight granddaughters. Nothing in our family and nothing in families across this country have anything more critical on their minds than the health of their children and their daughters and our families.

Women in this rich country have a right to expect affordable quality health care. But those rights are under attack, and the attack is coming from what I call the "maleogarchy".

Several years ago, I initiated the name "maleogarchy" right here on the Senate floor. A maleogarchy is made up of men in Congress who always decide what they want to do for women, even taking away their rights.

These days the maleogarchy has declared war on women's health. We saw it when the Republicans in the House tried to defund Planned Parenthood. Now we are seeing it again this week in

the Republican efforts to take away affordable birth control, basic health care for women in our country.

Under a historic provision of the health care reform law, health insurance companies will be required to cover contraception with no additional copays or fees. This landmark requirement is scheduled to go into effect this summer. But as women cheer this new law, the maleogarchy is looking to take it away.

Here in the Senate, there is a Republican bill to get rid of these benefits for women. Imagine. This body, principally made up of males, wants to take away benefits for women.

The top Presidential candidate on the Republican side is Mitt Romney. He just said one of the first things he will do—I heard it, everybody heard it; it was loudly broadcast, it was vividly broadcast on television—he will do as the first thing, if elected, is overturn these new policies making birth control more affordable. Imagine. That is why he wants to be elected. I hope the American public is listening carefully to what is being said.

Affordable birth control shouldn't be controversial. I thought we put this question to rest long ago. Back in 1965, the Supreme Court overturned the State of Connecticut's ban on contraception. Today, 99 percent of women either use birth control or have used it at some point during their lives. It has become a critical component of health care for women in our country. But, as so many women know, birth control is also significantly expensive. One-third of all women have struggled to pay for it, and even if you have health insurance it is a struggle. Copays for birth control can be as much as \$50 a month, and \$50 a month adds up to \$600 a year. Yet now the other side wants to take this benefit away. President Obama and many of us in Congress believe that is fundamentally unfair.

Mr. President, everyone needs to speak against this attack on women's health, just as they did last week when the Komen Foundation—a foundation that was named after Susan Komen, a young woman who died of breast cancer—allowed a partisan agenda to cancel its mission to fight breast cancer. Imagine that—this organization named for a young woman who died, and now they want to cut out these examinations for women who wish to see whether breast cancer is ahead for them. Komen tried to cut funding to Planned Parenthood, a trusted provider of lifesaving breast cancer exams for hundreds of thousands of women in our country. Across America, women were offended, hurt, and angry, so they spoke up and spoke out against Komen's narrowminded decision. People were outraged and justifiably so.

I was proud to bring together more than two dozen of our Senate colleagues to join the fight. We persuaded Komen to see the error of their ways, and they reversed their decision a few days later. Now the Komen organiza-

tion and Planned Parenthood are getting back to doing what they do best—protecting women's health.

Let's be clear. It would have been wrong to take away resources that could save their lives, just as it is wrong to deny women the right to affordable contraception. So I call on my Republican colleagues to disband the maleogarchy view. Join us and stand up for women in our country. Politics don't belong in our doctors' offices, examination rooms, or in our medical clinics. Politics should never be used to block women's rights to get the care they need for healthier lives. I ask my friends on the other side of the aisle to consider what they are doing before they vote to take away those rights.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am honored to rise today after my distinguished colleagues have spoken on this issue so powerfully and eloquently, but I do so reluctantly because I rise in the face of a continuing assault on women's health care in this country—an assault on women's health care that is unworthy of our political system because these health care decisions involving women should be made by them. They are a matter of their conscience and their choice. Politics has no place in health care decisions.

This assault is waged by a group on the radical right. It is an ideologically based attack on personal health care decisions of women and their families, and they are wasting taxpayer dollars doing it. This ideologically based stand on women's health care over these years is nothing less than unconscionable and unbelievable.

I have only been in this body for a short time, but one of the first votes I cast was on H.R. 1, which wasn't about growing jobs or strengthening our economy, it was known best for completely eliminating the funding for responsible family planning programs. The fact is family planning can prevent unintended high-risk pregnancies, reduce abortion rates—reduce abortion rates—and they are cost-effective. They provide \$4 of return for every \$1 that is spent on family planning, invested in those programs. But there are some on the radical right who would rather have the people of our Nation pay \$11 billion a year in unplanned pregnancies rather than receive a nearly threefold return on investment for family planning services.

This debate is about more than dollars and cents, and it is about more than cost. It is about protecting the right of every woman to receive good-quality preventive care and equal access to preventive health care benefits from the provider they trust. And these decisions should be made between the provider a woman trusts and herself.

In 2010, Congress took a great step forward, as my colleague Senator MIKULSKI has described so powerfully. A decision was made to require health

care plans to cover a core packet of preventive health services, moving our country dramatically and historically toward a trend of overall lifetime health.

The Institute of Medicine—an unbiased scientific organization—was tasked with evaluating the most important preventive services to include in the best health outcomes for women, seeking those best health outcomes for every woman in America. This scientific organization named birth control as one of those core benefits—birth control. Let's be very clear. We are talking about birth control—the pill that 99 percent of women use as part of their daily preventive health care. At some point in their lives, 99 percent of women use it.

That very same benefit—coverage for it—is guaranteed by 28 States around the Nation. They already require health care plans to cover it. And more than half of the women of our Nation live in those States. Now the radical right would seek to take away that guarantee—that coverage, that basic health care outcome. They would take away that right—repeal it, restrict it, remove it as an option for women. That is unacceptable.

Women spend an average of \$500 per year for birth control—a cost men will never have to incur. That is why the Institute of Medicine recommended that birth control be included as part of the package of preventive services without copays—because costs should not be a barrier to those 99 percent of women in the United States who use birth control. Yet the radical right has decided that the politics of taking birth control away from women is more important, and they have used every tool in their arsenal—creating misunderstandings—to try to take this right away from women, including misrepresenting what the administration has decided to do. One of these mistruths they are spreading is that churches will be required to offer birth control. Not so. Another is that institutions affiliated with churches will be required to provide those services. Not true. What any institution is required to cover is, in fact, the coverage, not necessarily provide the service, and that is a key distinction.

The majority of Americans agree that employers should be required to provide their employees with health care plans that cover contraception and birth control at no cost. The majority of Americans believe that is true. Nearly two-thirds of young Americans of childbearing age agree that employer health care coverage should include birth control at no cost.

In short, this decision should be a matter of conscience, a matter of choice for individual women. Politicians should not be permitted to exploit it, as some are doing now. I stand for women making choices about their own health care, and I stand against politicians telling them what they should do. This issue before this body

and this Nation is one of the critical issues of this time, and politics has no place in these health care decisions.

Mrs. FEINSTEIN. Mr. President, I rise to discuss the continued attacks on the rights of women to control their own reproductive choices.

Women should have access to comprehensive reproductive care and should be able to decide for themselves how to use that care.

Here is the problem. The politics of women's health care has reached an extreme point, most recently with the decision of the Susan G. Komen Foundation to stop funding for breast cancer screenings at Planned Parenthood.

Following the outrage of millions of men and women around the country, the Foundation reversed its course, at least for this year.

A year ago, House Republicans passed a budget that would have eliminated the Title X Family Planning Program and defunded Planned Parenthood.

Annually, these programs serve almost 8 million Americans nationwide providing primary care, cancer screenings, well baby care, contraceptive services, education, annual exams, STD and HIV testing, and flu vaccines.

These programs provide critical health care services to many women who simply cannot afford to go anywhere else.

It is ironic to defund these programs because family planning education and access to contraception can save money. For example, title X supported family planning centers prevented 406,000 abortions and saved taxpayers \$3.4 billion in 2008 alone.

The same House-passed budget would have also eliminated the Teen Pregnancy Prevention Program. Teen pregnancy costs taxpayers billions of dollars annually.

Recently, the Obama administration announced its final policy on contraceptive coverage as part of the preventive health services recommended for women. The policy concluded employers are required to provide no-cost contraception or another option to their employees.

The administration included a very narrow exemption to this requirement, and allowed religious organizations, such as churches or synagogues that primarily employ people of their own faith, to opt-out.

This narrow religious exemption, which does not include hospitals, universities, or other organizations with religious affiliations, was the right decision. It ensures that millions of women of all faiths, including nurses, janitors, doctors, and college instructors, will access to good health care, including contraception, if they want it.

A nurse seeking employment should not have to choose between one employer who provides contraception coverage and one who doesn't.

Access to contraception is widely supported. Today, two new polls were

released that showed the majority of catholic voters support coverage for prescription birth control.

Seventy-one percent of American voters, including 77 percent of Catholic women voters, support health plans covering birth control without co-pays.

Moreover, 28 States, including California, already require employer-provided health plans to include contraception coverage if the plan provides prescription drug coverage.

In 2004, the California Supreme Court held that Catholic Charities was no different from any other employer and therefore required to provide contraception coverage for their employees.

I agree.

Access to contraception can reduce rates of unintended pregnancy, help with certain health problems, and reduce the risks of some cancers. Expanding the exemption would have caused unacceptable harm to women.

The administration should keep this exemption narrow.

House Republicans insisted on including a ban on local funding for abortions in the District of Columbia in the fiscal year 2012 appropriations bill.

They have introduced and passed numerous bills that would significantly restrict a woman's right to choose. This past October, the House passed a bill that would prohibit Federal funds from being used for any health plan that offers abortion coverage.

This would mean that any women receiving Federal subsidies to help them afford health insurance would effectively be prohibited from purchasing coverage that included abortion services.

Last May, the House passed a bill that falsely claimed to end public funding for abortion. There are already stringent Federal protections that prohibit Federal dollars from being used for abortions; this bill was not about that.

Instead this bill was an attempt to reopen a contentious debate and to impose unprecedented limitations on women using their own money for abortion services.

Even worse, this bill would have allowed hospitals to refuse to provide abortion care or refer a patient to a hospital that would provide it, even when a woman's life is in critical danger.

This attack on women's health must be defeated. All women deserve access to quality comprehensive health care, regardless of their income level or place of employment.

There is a balance between respecting America's democratic values and increasing access to important health services for women. In addition to being a health concern, for many women it is an economic concern as well.

Better health policies for women help them save on out of pockets costs. When women are healthy, communities are healthy. I will continue to stand for women's health and fight for equal access to care.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

EXTENSION OF MORNING BUSINESS

Mr. CASEY. Mr. President, I ask unanimous consent that the period for morning business be extended until 7 p.m. with Senators permitted to speak for up to 10 minutes each.

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

FOOD AND PRODUCT SAFETY ENFORCEMENT

Mr. BROWN of Ohio. Mr. President, products that are labeled "Made in China" can be found in our cars, in our closets, and in our cupboards. So too are the ingredients in the foods we eat often, the medicine we take, the candy our children enjoy, and the toys they play with. But how many times have we heard in the last few years of illness and death from contaminated foods or drugs or toys that were made in China? In Toledo, OH, patients died after taking contaminated Heparin to treat their heart conditions.

Drug manufacturers have acknowledged that they turn to countries such as China to buy ingredients to put into pharmaceuticals. U.S. companies often move production to China, buy ingredients there, put these drugs together, and sell them back into the United States with ingredients that may not pass some of the safety inspections they should. One company acknowledged that 17 percent of its active ingredients in manufacturing are outsourced, often to countries with weaker drug safety standards.

When high lead levels were discovered in toys several years ago, I urged stronger oversight to help keep our children safe. Four years ago, I asked Dr. Jeffrey Weidenhamer of Ashland University in north central Ohio to test lead levels. He had already begun testing with the students, and we asked him to do it again, to test the lead level in Halloween toys, including the