

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

cups and the buckets that Ohio children would be eating out of and decorations families would be using that children often put into their mouths during the holidays. He tested products in the fall of 2007 for Halloween and the spring of 2008 for Easter toys. He identified 12 of 97 products contaminated with high quantities—much higher than what is considered safe by our government—high lead contents in this lead-based paint on our toys; among them, candy buckets, drinking cups, fake teeth, and other Halloween props. At Easter, it was eggs and baskets and other things. It included products bought at leading national retailers.

At the same time, it was clear that our trading system, patterned in many ways and with businesses following this business plan of shutting down production in places such as Rhode Island, which the Presiding Officer represents, and Ohio, shutting down production in our country and moving it to China, manufacturing products there, and selling products back here, that trade system has failed basic consumer and public safety standards.

There is nothing free about trade that puts children in the hospital for playing with a toy or eating candy or brushing their teeth. That is why Congress passed the Consumer Product Safety Improvement Act. The act sent a simple message to the Consumer Product Safety Commission, which is charged with protecting consumers: Protect American children, protect families, protect companies from unsafe and possibly fatal products.

That job has gotten a lot harder to protect the American public on food products, on toys, on pharmaceuticals, and on pet food, which I will discuss, because the business plan for so many companies has been to shut down production in Canton, OH, and move it to Guangzhou, China, shut down production in Toledo or Dayton, OH, and move it to Wuhan or Shiyuan, China, in order to save money, in order to cut worker safety costs, in order to evade environmental and consumer regulations sometimes.

The new law that we passed meant that hundreds of thousands of toys and food and other imports from China and elsewhere can be recalled when they are unsafe. The key is inspection of these products, and the key is making the companies liable that outsource the jobs to China in order to save money. We don't want more court cases and more litigation, but if these companies are going to move production to China, they need to take responsibility for the toys if the toys have been painted with lead-based paint. They need to take responsibility for the pharmaceutical ingredients—sometimes dangerous ingredients that somebody has somehow put in these pharmaceuticals when production comes from China. They need to be careful about food safety. They need to be careful about treats for pets that have been contaminated.

That act has been a success. Last year, Dr. Weidenhamer conducted another test and found no lead-based paint contamination in Halloween items.

But there is a gap in our trade system that threatens public health and public safety. We passed a law to close that gap. Public safety has benefited, and companies are still able to make and sell their products in this free market.

One year ago, Congress passed and the President signed into law the bipartisan Food Safety Modernization Act. The law provides the FDA with the tools needed to better protect our food supply, to recall tainted or adulterated food, and to respond more effectively to foodborne illness outbreaks. It empowered the FDA with new authority to establish a traceability system; that is, when a product comes to your table, whether it is food in this case, a pharmaceutical, or whether it is a toy, the company that sells that product needs to be able to trace back all the ingredients, all the components, where they came from, how they were produced, and under what conditions they were produced. It is that type of public safety infrastructure that is so important.

Yet, as we have seen with food and toys and drugs imported from China, now we are seeing it with pet food. Yesterday I met with Kevin Thaxton of Cuyahoga County—the Cleveland area—whose wife Candance wrote to me after one of their dogs, a 9-year-old pug, died from kidney failure. They thought it was the pug simply getting older. I had a pug once, and they don't usually live much beyond 10 years. Then, as they got another dog that got sick immediately, they figured out it was likely from eating Chinese-made chicken jerky treats. Until the second dog, they didn't make the connection between the pet food and the pet illness, when the second dog, the puppy, had a life-threatening illness.

Another Ohioan, Terry Safranek, joined us at our meeting 2 days ago. Terry lost her 9-year-old fox terrier earlier this year. She did not realize that tainted chicken jerky treats could be responsible for her dog's death until she saw the Thaxton's story on the evening news.

These two families, the Thaxtons and the Safraneks, and the 62 percent of U.S. households who own a pet shouldn't have to worry about the safety of the food they give their pets. It is an example again of a trade issue transforming into a safety issue.

To explain this, so many companies in the United States as part of their business plan decide—in order to save money, in order to evade consumer protection laws, food safety laws, worker safety laws, and environmental laws, or for whatever reason—to move their production to China, with significantly cheaper labor. They shut down in Columbus or Cincinnati, OH, and they move to China to manufacture these

products they sell back into the United States.

Probably unprecedented in economic or world history is where companies shut down one place, move overseas, produce the same item, and then sell them back into the home market. We know that with that whole trade regimen, that whole construct of that business plan of shutting down production and moving overseas and selling back in, there are significant health and safety problems. Again, there are problems with lead-based paint and there are problems with the safety of other consumer items. There are problems with food safety, there are problems with pharmaceutical ingredients contamination, and now there are problems with pet foods.

The Food and Drug Administration has logged more than 350 reports of pet illnesses thought to be connected to chicken jerky treats made in China. Although the FDA has already issued a warning about illness, they have not yet for sure identified a contaminant. The treats remain on market shelves in stores across the country.

I would never on this Senate floor suggest people buy something or boycott something else. I would suggest, though, that people look at the product when they buy something for their pet and that they look at where it is made and make the judgment based on that.

I am calling on the FDA to accelerate its investigation of imported pet food, especially food imported from China, where the possibility of food contamination is higher. That is the FDA's job.

Earlier this week, I sent a letter to Dr. Hamburg, the FDA Commissioner, urging her agency to act swiftly to make sure that products found to be harmful are pulled from retail outlets. I have asked the FDA to improve its notification system so pet owners know about items under investigation for pet food safety breaches. The FDA should promptly pursue efforts to find the contaminant in these pet treats and ensure they are pulled from store shelves to prevent any unnecessary pet deaths.

Contaminated toys, hard-to-trace medical ingredients, and now pet food have all forced Americans to turn to the government to ensure the safety of the products we import. It is a problem with trade law that we have set this up to happen far too often.

It is an example of when government works when we stepped in on lead-based paint, kept those products off the market, and made sure that products coming in now are safer because we passed the consumer protection revision. It shows that government stepping in, in the right way, can make a difference in saving the lives of children, protecting people's pets, protecting pharmaceuticals—making sure that pharmaceutical safety is guaranteed as much as possible.

We have been down this road before. There is nothing free about trade that

undermines basic health rules. There is nothing free about trade that weakens safety rules, the very rules that help keep food safe to eat and water and air safe to drink and to breathe. The FDA should take action now to protect American pet owners from tainted products that can harm the health of their pets.

It has been a longtime victory for the American people that the air we breathe, the water we drink, the food we take, the toys we buy for our children, the treats we buy for our pets—we have done a good job in this country in the last several decades of the government partnering with businesses to make sure these products are generally safe for our families—for ourselves, for our children, and for our pets. Now, these holes in our trade laws—these trade laws that encourage companies to go overseas and produce products and sell them back here—clearly have undermined so much of what we have accomplished bipartisanly for so many years for the health and safety of the American public.

Thus the role of government can be important to show that we do know how to do this to protect our families. I urge the FDA to step in here on this issue and help American families.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

WOMEN'S PREVENTIVE HEALTH SERVICES

Mr. HARKIN. Mr. President, I watched many of the statements made by so many of our women Senators who came to the floor in the past hour to talk about this issue of women's preventive health services. I was unable to get to the floor at the time. I want to be here now because, unfortunately, there is a lot of confusion about what the Affordable Care Act does and does not do with respect to women's preventive health services.

As chairman of the Health, Education, Labor and Pensions Committee and as someone who is very much involved in crafting this legislation, especially the preventive services part of that legislation, I hope to explain the facts and debunk the myths and the misinformation that has recently arisen on this issue.

First, women—nurses, teachers, professors, homemakers, attorneys—everyone from all walks of life, all women in America now have the right to preventive health care services. Beginning this August, the Affordable Care Act guarantees that insured women will have access to expert recommended preventive health care services. These basic services include well-women visits, mammograms, prenatal care, cervical cancer screenings, and contraception.

These critical services will be offered without any out-of-pocket costs such as copays or deductibles. It is the latter, the ability of women to have a

health insurance plan that covers contraceptives that has led to this recent controversy, this outpouring, this outburst of political accusations.

Here let me emphasize people of strong faith and good conscience have very different views when it comes to these matters. I understand that. I have great admiration for the many contributions that religious institutions make to our country. Catholic charities provide vital assistance to low-income Americans. Religious universities teach and prepare thousands of young people to be outstanding citizens and productive members of our society. In fact, I attended law school at Catholic University right up the street. I also attended Catholic elementary schools and Catholic high school.

Catholic hospitals are instrumental in providing first-class health care to so many of our fellow citizens. I have spoken many times about the care that Mercy Hospital in Des Moines, a Catholic hospital, gave to my father when he was elderly and in bad health because of black lung disease and he had no money. They provided care for him at no cost. So I have very deep feelings about the generosity and the care that these religious hospitals provide.

It is for this reason I would oppose any measure that threatens the fundamental religious liberties of these institutions. I believe, however, that the President properly balanced the essential health care needs of women with the rights of religious institutions. Let me clarify what this rule does, and most importantly does not do since folks, such as Governor Romney, are misleading the American people—perhaps intentionally distorting the facts—using the issue for demagoguery.

First, churches and other houses of worship are specifically exempt from the requirement that they carry insurance plans that provide contraception.

Second, no individual health care provider, neither religious nor secular, will be forced to prescribe contraception. The President and his administration have previously and continue to express strong support for existing conscience protections. Moreover, other religiously affiliated organizations that employ people of different faiths—such as Catholic colleges and hospitals—can qualify for a 1-year transition period as they prepare to comply with the new law.

Let me point out, no individual will be forced to buy or use contraception. No individual will be forced to buy or use contraception. Under this policy, women who want contraception will have access to it through their insurance without having to pay a copay or deductible, but no one will be forced to buy or to use contraception. Let's make that clear.

Drugs that cause abortion, such as RU486, the morning-after pill, are not covered by this policy. Let me repeat that. Drugs that cause abortion, such as RU486, the morning-after pill, are not covered by this policy and nothing

about this policy changes the President's firm commitment to maintain strict limitations on Federal funding for abortions. No Federal tax dollars are used for elective abortions.

Let me quote what Governor Romney said in Colorado just yesterday:

Just this last week, this same administration said that in churches and the institutions they run, such as schools, and let's say adoption agencies, hospitals, that they have to provide for their employees, free of charge, contraceptives, morning-after pills—in other words abortive pills and the like at no cost.

Mr. Romney said.

Think what that does to people in faiths without sharing those views. This is a violation of conscience.

Mr. Romney, this does not cover morning-after pills. And the adoption agencies and the hospitals do not have to provide free of charge contraceptives. All they have to do is to make available, through the broad insurance coverage they have, for women who choose to use contraceptive services, that they can get those without any copays or deductibles. But this does not cover the morning-after pill. Yet I keep hearing it.

I was working out this morning while watching CNN, and somebody else came on talking about how the Catholic Church is opposed to abortions; they should not be forced to fund abortions. This has nothing to do with that. All it says is, if you have a broad-based insurance policy and you are not a religious institution or a church and you are, let's say a hospital, and you have insurance that covers a broad array of people, we have said that insurance must cover a broad variety of preventive services: mammograms, cervical cancer screening, well-women visits—all of that—and contraception—and contraception, a preventive service.

Mr. Romney is going around saying these things, but it is not true. It is simply not true. He is either misinformed or he is purposely trying to mislead the American people—neither of which is acceptable. As I said, churches and other houses of worship are specifically exempt from the requirement that they carry insurance plans that provide contraception.

Second, no individual health care provider, neither religious nor secular, will be forced to prescribe contraception. No individual will be forced to buy or use contraception against her own conscience. All the rules the President announced ensure that all women, no matter who their employer, have the opportunity to enjoy the same insurance and the same vital preventive services—every woman. In fact, there is nothing radical about such a policy. Fifty percent of Americans currently live in 28 States that require insurance companies to cover contraception. Imagine that.

Several of these States—such as Arizona, New York, Oregon, and California—have had this law in effect for years, saying if you have insurance