

employer that objects to childhood immunizations, newborn screening for life-threatening genetic disorders, other components of well-child visits, or prenatal care would be fully within the law to deny coverage for any and all of these vital services.

The Affordable Care Act has made significant gains toward providing critical health services for infants, children, adolescents, and women of childbearing age. Section 1302 of the Affordable Care Act guarantees that all plans offered in the individual and small group markets must cover a minimum set of "essential health benefits," including maternity and newborn care, pediatric services, including oral and vision care, rehabilitative and habilitative services and devices, and mental health and substance use disorder services, including behavioral health treatment. Section 2713 of the Public Health Service Act requires that all new health plans cover, without cost-sharing, certain preventive services, including evidence-based services recommended by the United States Preventive Services Task Force; immunizations recommended by the Advisory Committee on Immunization Practices; preventative care and screening services for children contained in Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents; and preventive health care services for women developed by the Institute of Medicine and promulgated by the U.S. Health Resources and Services Administration, such as prenatal care, well woman visits, and breast cancer screening.

If passed, Senate Amendment 1520 could limit access to necessary health services well beyond contraceptive coverage, putting infants, children, adolescents, and pregnant women in danger of not receiving even the most basic health care and preventive services. We urge you to oppose Senate Amendment 1520 to the Moving Ahead for Progress in the 21st Century Act. If you have any questions, please contact Michelle Sternthal at msternthal@marchofdimes.com.

Sincerely,

American Academy of Pediatrics; American Congress of Obstetricians and Gynecologists; American Federation of State, County and Municipal Employees; Asian Pacific Islander American Health Forum; Association of Maternal & Child Health Programs.

Association of University Centers on Disabilities; CHILD Inc.; Children's Dental Health Project; Children's Healthcare Is a Legal Duty; Easter Seals; Families USA; Family Voices; First Focus Campaign for Children; Genetic Alliance; National Association for Children's Behavioral Health.

National Association of Pediatric Nurse Practitioners; National Association of Social Workers; National Alliance on Mental Illness; Planned Parenthood Federation of America; Service Employees International Union; Society for Adolescent Health and Medicine; Spina Bifida Association; Voices for America's Children.

Mrs. BOXER. Madam President, the first letter is from the Cancer Action Network asking us to vote no on the Blunt amendment.

On behalf of millions of cancer patients, survivors and their families, we write to express our opposition to the amendment proposed by Senator ROY BLUNT.

They talk about the fact that it would permit employers to refuse employees insurance coverage for any health care benefit guaranteed by health reform. And they are very strong on this issue. They say:

The implications of this provision could result in coverage denials of lifesaving preventive services such as mammograms or tobacco cessation based on employer discretion.

That is a new letter, dated today.

Then we got a letter from the Trust for America's Health. They say:

The Blunt amendment would allow any health insurance plan or employer, religious or not, to exclude any preventive service. . . .

The SEIU—Service Employees International—calls the Blunt amendment "an extreme proposal that turns back the clock."

The Human Rights Campaign Letter: . . . The Blunt amendment would place the moral objections of any employer over the health of millions of Americans. . . .

Eighty organizations signed a letter, and, referring to the Blunt amendment, part of that letter says:

That means employers and insurance companies can not only deny access to birth control, they can deny access to health care service. . . .

That is signed by Advocates for Youth, America Votes, the AIDS Institute, American Association of University Women, American College of Nurses and Midwives, American Congress of Obstetricians and Gynecologists, American Medical Students, Black Women's Health Imperative, Catholics for Choice, Reproductive Rights Center, Center for Women Policy Studies, Coalition of Labor Union Women, Choice USA, Concerned Clergy for Choice, Doctors for America, EQUAL Health Network—I mean, this goes on and on—the National Latina Institute for Reproductive Health, Planned Parenthood, Population Connection, Progressive Majority, Society of Adolescent Health and Medicine, National Alliance to Advance Adolescent Health, National Campaign to Prevent Teen and Unplanned Pregnancy, Trust Women/Silver Ribbon Campaign, Union for Reformed Judaism, Unitarian Universalist Association of Congregations. This is a long list of organizations that oppose the Blunt amendment.

This letter came in from the Academic Pediatric Association and a number of other youth organizations. They urge us to oppose the Blunt amendment because it doesn't protect children's access to preventive services.

This is another letter signed by many more organizations, including the Spina Bifida Association, Voices for America's Children, Children's Healthcare Is a Legal Duty, Easter Seals, Family Voices, First Focus Campaign for Children—it goes on and on—American Federation of State, County and Municipal Employees, American Association of Maternal and Child Health Programs, Association of University Centers on Disabilities, CHILD, Inc. All these organizations have come together, and they say:

As organizations committed to the health and well-being of infants, children, adolescents, and pregnant women, we urge you to

oppose the amendment offered by Senator Roy Blunt. . . .

So all you are going to hear from the other side is misstatements about how the Blunt amendment is nothing more than what we have always done. Then why are you doing it? It is because it reaches so far.

We all support an exemption for religious providers. We all support that. We do not support the ability of any insurance company, nonreligious, or any employer, nonreligious, to stand up and say: You know what, I don't believe vaccines work; therefore, I don't think they should be made available to my people. And when you ask why, they say: I have a moral conviction. I have a moral conviction that people should have known better before they took that first cigarette when they were 11 or 12; therefore, I am not going to give any treatment. Too bad. They will just get lung cancer.

I mean, seriously. That is what the Blunt amendment will do. It will allow anyone—nonreligious—to say they have an objection and not offer a host of preventive and essential health care services, including contraception.

So tomorrow is our time. We are going to defeat the Blunt amendment, and when we defeat the Blunt amendment, we are going to move on to the highway bill. Hooray. And maybe, just maybe people will listen to Senator OLYMPIA SNOWE, who said we should not get tied up in knots over these controversial things and we should do what is right for the American people. I certainly support that.

There is just one more thing I want to put in the RECORD.

Madam President, I ask unanimous consent to have printed in the RECORD the testimony of a woman who tried very hard to be allowed to speak with a panel of men at a congressional hearing.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Law Students for Reproductive Justice Chapter]

TESTIMONY FROM LAW STUDENT BARRED FROM HOUSE HEARING

Members of Congress, good morning, and thank you for allowing me to testify. My name is Sandra Fluke, and I'm a third year student at Georgetown Law, a Jesuit school. I'm also a past president of Georgetown Law Students for Reproductive Justice or LSRJ. I'd like to acknowledge my fellow LSRJ members and allies and thank them for being here today.

Georgetown LSRJ is here today because we're so grateful that this regulation implements the nonpartisan, medical advice of the Institute of Medicine. I attend a Jesuit law school that does not provide contraception coverage in student health plans. Just as we students have faced financial, emotional, and medical burdens as a result, employees at religiously affiliated hospitals and universities across the country have suffered similar burdens. We are all grateful for the new regulation that will meet the critical health care needs of so many women. Simultaneously, the recently announced adjustment addresses any potential conflict with the religious identity of Catholic and Jesuit institutions.

As I have watched national media coverage of this debate, it has been heartbreaking to see women's health treated as a political football. When I turn off the TV and look around my campus, I instead see the faces of the women affected, and I have heard more and more of their stories. You see, Georgetown does not cover contraceptives in its student insurance, although it does cover contraceptives for faculty and staff. On a daily basis, I hear from yet another woman who has suffered financial, emotional, and medical burdens because of this lack of contraceptive coverage. And so, I am here to share their voices and ask that you hear them.

Without insurance coverage, contraception can cost a woman over \$3,000 during law school. For a lot of students who, like me, are on public interest scholarships, that's practically an entire summer's salary. Forty percent of female students at Georgetown Law report struggling financially as a result of this policy. One told us of how embarrassed and powerless she felt when she was standing at the pharmacy counter, learning for the first time that contraception wasn't covered, and had to walk away because she couldn't afford it. Students like her have no choice but to go without contraception. Just on Tuesday, a married female student told me she had to stop using contraception because she couldn't afford it any longer.

You might respond that contraception is accessible in lots of other ways. Unfortunately, that's not true. Women's health clinics provide vital medical services, but as the Guttmacher Institute has documented, clinics are unable to meet the crushing demand for these services. Clinics are closing and women are being forced to go without. How can Congress consider allowing even more employers and institutions to refuse contraceptive coverage and then respond that the non-profit clinics should step up to take care of the resulting medical crisis, particularly when so many legislators are attempting to defund those very same clinics?

These denials of contraceptive coverage impact real people. In the worst cases, women who need this medication for other medical reasons suffer dire consequences. A friend of mine, for example, has polycystic ovarian syndrome and has to take prescription birth control to stop cysts from growing on her ovaries. Her prescription is technically covered by Georgetown insurance because it's not intended to prevent pregnancy. At many schools, it wouldn't be, and under Senator Blunt's amendment, Senator Rubio's bill, or Representative Fortenberry's bill, there's no requirement that an exception be made for such medical needs. When they do exist, these exceptions don't accomplish their well-intended goals because when you let university administrators or other employers, rather than women and their doctors, dictate whose medical needs are good enough and whose aren't, a woman's health takes a back seat to a bureaucracy focused on policing her body.

In sixty-five percent of cases, our female students were interrogated by insurance representatives and university medical staff about why they need these prescriptions and whether they're lying about their symptoms. For my friend, and 20% of women in her situation, she never got the insurance company to cover her prescription, despite verification of her illness from her doctor. Her claim was denied repeatedly on the assumption that she really wanted the birth control to prevent pregnancy. She's gay, so clearly polycystic ovarian syndrome was a much more urgent concern than accidental pregnancy. After months of paying over \$100 out of pocket, she just couldn't afford her medication anymore and had to stop taking

it. I learned about all of this when I walked out of a test and got a message from her that in the middle of her final exam period she'd been in the emergency room all night in excruciating pain. She wrote, "It was so painful, I woke up thinking I'd been shot." Without her taking the birth control, a massive cyst the size of a tennis ball had grown on her ovary. She had to have surgery to remove her entire ovary. She's not here this morning. She's in a doctor's office right now. Since last year's surgery, she's been experiencing night sweats, weight gain, and other symptoms of early menopause as a result of the removal of her ovary. She's 32 years old. As she put it: "If my body is indeed in early menopause, no fertility specialist in the world will be able to help me have my own children. I will have no chance at giving my mother her desperately desired grandbabies, simply because the insurance policy that I paid for totally unsubsidized by my school wouldn't cover my prescription for birth control when I needed it." Now, in addition to facing the health complications that come with having menopause at an early age—increased risk of cancer, heart disease, osteoporosis, she may never be able to be a mom.

Perhaps you think my friend's tragic story is rare. It's not. One student told us doctors believe she has endometriosis, but it can't be proven without surgery, so the insurance hasn't been willing to cover her medication. Last week, a friend of mine told me that she also has polycystic ovarian syndrome. She's struggling to pay for her medication and is terrified to not have access to it. Due to the barriers erected by Georgetown's policy, she hasn't been reimbursed for her medication since last August. I sincerely pray that we don't have to wait until she loses an ovary or is diagnosed with cancer before her needs and the needs of all of these women are taken seriously.

This is the message that not requiring coverage of contraception sends. A woman's reproductive healthcare isn't a necessity, isn't a priority. One student told us that she knew birth control wasn't covered, and she assumed that's how Georgetown's insurance handled all of women's sexual healthcare, so when she was raped, she didn't go to the doctor even to be examined or tested for sexually transmitted infections because she thought insurance wasn't going to cover something like that, something that was related to a woman's reproductive health. As one student put it, "this policy communicates to female students that our school doesn't understand our needs." These are not feelings that male fellow students experience. And they're not burdens that male students must shoulder.

In the media lately, conservative Catholic organizations have been asking: what did we expect when we enrolled at a Catholic school? We can only answer that we expected women to be treated equally, to not have our school create untenable burdens that impede our academic success. We expected that our schools would live up to the Jesuit creed of cura personalis, to care for the whole person, by meeting all of our medical needs. We expected that when we told our universities of the problems this policy created for students, they would help us. We expected that when 94% of students opposed the policy, the university would respect our choices regarding insurance students pay for completely unsubsidized by the university, especially when the university already provides contraceptive coverage to faculty and staff. We did not expect that women would be told in the national media that if we wanted comprehensive insurance that met our needs, not just those of men, we should have gone to school elsewhere, even if that meant a less

prestigious university. We refuse to pick between a quality education and our health, and we resent that, in the 21st century, anyone thinks it's acceptable to ask us to make this choice simply because we are women.

Many of the students whose stories I've shared are Catholic women, so ours is not a war against the church. It is a struggle for access to the healthcare we need. The President of the Association of Jesuit Colleges has shared that Jesuit colleges and universities appreciate the modification to the rule announced last week. Religious concerns are addressed and women get the healthcare they need. That is something we can all agree on. Thank you.

Mrs. BOXER. Madam President, this is a panel of men who were called by House Republican Chairman ISSA to testify about women's health—not one woman there, but they were the experts. They denied this woman the chance to speak. If she had been allowed to speak, this is what she wanted to say:

She had a friend who went to the doctor, and the friend had a cyst on her ovary. The doctor said: You have to take birth control. That is going to help. Those pills are going to help reduce the size of that cyst.

She couldn't afford the birth control pills and her employer wouldn't cover them, so she couldn't take them. She is a student. She wrote her friend saying that the cyst "was so painful, I woke up thinking I'd been shot."

I will quote part of the friend's testimony relaying what her friend told her.

Without taking the birth control, a massive cyst the size of a tennis ball had grown on her ovary. She had to have surgery to remove her entire ovary. She's not here this morning. She's in a doctor's office right now. Since last year's surgery, she has been experiencing night sweats, weight gain, and other symptoms of early menopause as a result of the removal of her ovary. She's 32 years old. As she put it, "If my body is indeed in early menopause, no fertility specialist in the world will be able to help me have my own children. I will have no chance of giving my mother her desperately desired grandbabies, simply because the insurance policy that I paid for totally unsubsidized by my school wouldn't cover my prescription for birth control when I needed it."

And so her friend says:

Now, in addition to facing the health complications that come with having menopause at an early age—increased risk of cancer, heart disease, osteoporosis—she may never be able to be a mom.

So when we talk about the Blunt amendment, we are not talking about some obtuse issue, we are not talking about some philosophical issue. What we are talking about when we talk about the Blunt amendment is a young woman, a student at law school who couldn't afford to pay for the birth control pills which would have saved her fertility, which would have saved her horrific pain—a painful operation where she lost her ovary simply because she couldn't have access to her birth control pills.

This is not about some argument that doesn't have real consequences for our people. The Presiding Officer's constituents and my constituents deserve

to have access to preventive care. They deserve to have access to essential health care. The Blunt amendment will take that away from them. It will take that away from them. And all on a highway bill. All on a highway bill.

So let's keep the Blunt amendment away from this highway bill. This highway bill is a product of strong bipartisanship, as the Presiding Officer has told the Senate. Let's keep it clean. Let's keep out these extraneous amendments that will roll back environmental laws that are cleaning up the air, that will keep the arsenic and the mercury out of the air and the lead out of the air. Let's not roll back these laws on a highway bill. Let's get the highway bill done. When we have other arguments about other issues, let's put those issues on a relevant bill.

This is the time now for us to pull together, not pull apart. The Nation needs us to work together. It is an election year, and it is a difficult time. There is a lot of name-calling going on out there on the campaign trail, but we are still here, last I checked, and we are supposed to be doing our work for the American people. We have a chance to do it on this highway bill. Let's defeat the Blunt amendment in the morning.

I thank my friends for coming over to the floor and speaking so eloquently today against this dangerous, precedent-setting Blunt amendment that will turn back the clock on women's health and on our families' health.

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

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

The assistant legislative clerk proceeded to call the roll.

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

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

Ms. KLOBUCHAR. Mr. President, I rise to join my colleagues in opposition to the amendment offered by Senator BLUNT.

It is discouraging that when we should be having a debate on our Nation's infrastructure and surface transportation needs, we are instead talking about women's health and contraception. As the Senator from California noted earlier, my State is a State that understands the importance of upgrading our infrastructure and investing in surface transportation. I live just a few blocks from the bridge that collapsed in the middle of that river on that sunny day in Minnesota, an eight-lane highway, in the Mississippi River. So we understand the importance of investment in infrastructure, and that is what we should be focusing on in this bill. Instead, we have taken a different turn.

I understand there are many different perspectives and opinions when it comes to issues related to contraception and women's health; however, we

shouldn't be talking about them when we are supposed to be talking about infrastructure, highway, roads, and bridges. People are free to give speeches, they are free to talk about whatever they want, but this amendment doesn't belong on this bill. Nevertheless, it is here, and I think it is very important that we address it and the American people understand what it would mean.

Unfortunately, this amendment impacts more than just contraception. This amendment ultimately limits our ability to address our health care challenges through prevention and wellness. Chronic conditions such as diabetes, heart disease, and cancer can be avoided through prevention, early detection, and treatment. We all know that. That is pretty common knowledge in our country.

During health care reform, we made great strides in improving the health and well-being of our Nation by strengthening preventive services. We addressed prohibitive costs by eliminating copays and cost sharing for essential services such as mammograms and colonoscopies. We addressed access issues by ensuring coverage for preventive autism or cholesterol screenings, to name a few. I also fought to include the EARLY Act, which promoted early detection for breast cancer for young women. These types of preventive and early detection services are vital to so many people in this country.

As a cochair of the Congressional Wellness Caucus, a bipartisan caucus, I have also heard from numerous employers that understand a healthy workforce only increases productivity and output. It would be unfortunate if we eliminated access to prevention and wellness services that keep our Nation's workforce strong and productive. Because of the necessity of these services and the benefits they provide to men, women, and children, including contraception, I asked my colleagues to oppose the Blunt amendment.

The Blunt amendment would allow any employer or insurance company to refuse to cover any of the prevention services, any essential health benefit or any other health service required under the health care law, allowing these entities to deny critical health care to the millions who rely on these entities for insurance. The consequences of this provision could mean employers and other organizations for any reason refusing to offer coverage of lifesaving preventive services such as mammograms or tobacco cessation would be based on employer discretion. That is why I don't think it is a surprise that organizations such as the American Cancer Society, the American Academy of Pediatrics, the American Public Health Association, and the March of Dimes oppose this amendment.

I think we all know the American Cancer Society, March of Dimes, American Academy of Pediatrics, and these groups tend not to get involved in con-

traception issues, and that goes to show us right now this amendment is much broader than just talking about contraception.

According to the American Cancer Society:

Annually, seven out of ten deaths among Americans are attributed to chronic diseases such as cancer, diabetes, heart disease and stroke. The Affordable Care Act made significant strides to stem this epidemic by ensuring patients would have access to essential care that could address prevention, early detection, and treatment—all necessary elements to improve the health and well-being of our nation. Unfortunately, the expansive nature of the proposed Blunt amendment would directly undercut this progress.

I am concerned the broad-based nature of this amendment would prevent men, women, and children from getting the preventive services they need as a result of the personal beliefs of a single individual or an employer or an insurance company. I do not believe this is the way to protect Americans in need of health care services, and I urge my colleagues to oppose this amendment.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. BLUMENTHAL. Mr. President, I come to the floor today with sadness and reluctance because we are actually debating an extraordinarily worthwhile, even historic bill that would not only improve our infrastructure—our roads and bridges and highways in the State of Connecticut and throughout the country—but also provide jobs, enable more economic growth, and promote the effort to put Connecticut and our country back to work. My reluctance is we are debating an amendment that distracts from that essential task, the work that the Nation elected us to do, to make our priority creating jobs and promoting economic growth.

We are debating an amendment that seems fundamentally flawed. I am respectful, as is everyone in this body, of the moral convictions and religious beliefs that others may hold. I believe this amendment is unconstitutionally overbroad and vague. It is unacceptably flawed in the way it is written because it essentially gives every employer—anytime, anywhere, with respect to any medical condition, any form of treatment—the right to deny that essential health care and those services based on his or her undefined religious beliefs or moral convictions—quoting from the language itself, “religious beliefs” or “moral convictions”—without any defining limits.

Insurance companies can even deny a person coverage for mental health treatment or cancer screening or HIV and AIDS screening simply because that employer or insurance company