

the Federal refusal clause, exempt a wide range of organizations, including health plans and hospitals, most of which not only have a secular purpose but also employ and serve individuals who do not share those organizations' religious beliefs.

The Federal refusal clause also discourages States from enforcing its own policies, laws and regulations to protect access to abortion services and information. Republicans continually attack Democrats as proponents of big government who undermine State rights. Yet that is exactly what the Federal refusal clause does.

Forty-six States, including Massachusetts, already have laws that permit certain medical personnel, health facilities, and institutions to refuse to participate in abortion because of their moral or religious beliefs.

We don't need the Federal refusal clause to protect individuals and health care organizations that oppose abortion, we already have that. It exists in both Federal and State laws. Proponents want the Federal refusal clause for one reason—to deny access and information to as many women as possible.

Health care corporations now have the right to gag their doctors and other health care providers. The clause defines "discrimination" as any requirement that a medical service provider inform a woman about her option to seek an abortion—or even refer her to another plan for that information. It's ridiculous to say that giving a woman full information about her medical options is discrimination.

The Federal refusal clause also restricts low-income women's access to abortion services, including information about abortion. It could prohibit the Federal Government from enforcing the requirement that Title X funded family planning clinics provide a woman facing an unintended pregnancy with an abortion referral when she requests one. We will be taking a giant step backward if we don't repeal this refusal clause.

In addition, under the "Hyde Amendment," States are required to provide Medicaid coverage for abortions in cases of rape, incest, or where pregnancy endangers a woman's life. The Federal refusal clause, however, could prevent states from requiring that Medicaid HMOs provide or pay for these abortions.

Current law states that low-income women should not be denied critical medical care. Why do we want to change that? What kind of signal are we sending? Women who have suffered through the trauma of rape or incest deserve our help, not an extra burden.

The Emergency Medical Treatment and Active Labor Act guarantees that a woman who needs an emergency abortion procedure to save her life won't be turned away. Yet the Federal refusal clause could allow hospitals to turn away women in these dire circumstances. For a woman in a rural

area, with only one hospital, her life itself may be in danger if the hospital refuses to admit her.

It is wrong to deny women access to necessary and urgently needed medical procedures. The Federal refusal clause should never have been included in the fiscal year 2005 Omnibus Appropriations bill, and I commend Senator BOXER for speaking against this provision.

ADDITIONAL STATEMENTS

JUST BORN, INC.

• Mr. SANTORUM. Mr. President, today I would like to congratulate Just Born, Inc. in Bethlehem, PA, on an outstanding accomplishment, shipping Peanut Chews nationwide for the first time. Pennsylvanians should be honored to have a wonderful company such as Just Born in our State, and I join in congratulating Just Born on their recent accomplishment.

Until the Spring of 2003, Peanut Chews were produced by the Goldenberg Candy Company. The Goldenberg Candy Company was founded in Philadelphia in 1890 by David Goldenberg and called D. Goldenberg, Inc. Beginning as a retail confection business, which produced and sold fudge, marshmallow, lollipops, and chocolates, Goldenberg's also created a walnut molasses confection that later became the foundation for the Peanut Chews recipe.

As we all know, Peanut Chews offer a unique combination of a chewy peanut and molasses based center with a dark chocolate coating, making for a tasty candy. Just stop by my desk on the Senate floor to see for yourself.

Peanut Chews were developed during World War I and used by the U.S. military as a ration bar. The high energy, high protein recipe and unique taste made it popular with the troops. Following the war, Peanut Chews were first sold in the Philadelphia area of Pennsylvania. However, their popularity soon spread to New York, Baltimore, and Washington, DC.

In the 1930s, Peanut Chews were sold under the brand name Chew-ets and were often sold in movie theaters. The name stuck until 1999 when the Goldenberg's changed the packaging and the name of Chew-ets to Milk Chocolatey Peanut Chews.

Just Born purchased the Goldenberg Candy Company in 2003, adding the Goldenberg's 61 associates to the already growing Just Born family. Just Born produces two million Peanut Chews candy pieces every day.

This month, April 2005, Peanut Chews will be launched nationally, for the first time reaching beyond to the East Coast. This is quite an achievement, and I send Just Born my best wishes in the future as their company continues to expand.●

ONCOLOGY NURSING DAY AND MONTH

• Mr. BROWBACK. Mr. President, I rise today to pay tribute to oncology nurses. May 1 marks the beginning of the 10th annual Oncology Nursing Day and Month and this year marks the 30th Anniversary of the Oncology Nursing Society.

As co-chair of the Senate Cancer Coalition, I know oncology nurses play an important and essential role in providing quality cancer care. These nurses are principally involved in the administration and monitoring of chemotherapy and the associated side effects patients experience. As anyone ever treated for cancer will tell you, oncology nurses are intelligent, well-trained, highly skilled, kind-hearted angels who provide quality clinical, psychosocial, and supportive care to patients and their families. In short, they are integral to our Nation's cancer care delivery system.

I congratulate the Oncology Nursing Society, ONS, on its 30th anniversary. ONS is the largest organization of oncology health professionals in the world, with more than 31,000 registered nurses and other health care professionals. Since 1975, ONS has been dedicated to excellence in patient care, teaching, research, administration, and education in the field of oncology. The society's mission is to promote excellence in oncology nursing and quality cancer care. To that end, ONS honors and maintains nursing's historical and essential commitment to advocate for the public good by providing nurses and health care professionals with access to the highest quality educational programs, cancer-care resources, research opportunities and networks for peer support. ONS has three chapters in my home State of Kansas, which help oncology nurses provide high-quality cancer care to patients and their families in our State.

Cancer is a complex, multifaceted, and chronic disease, and people with cancer are best served by a multidisciplinary health care team specialized in oncology care, including nurses who are certified in that specialty. Each year, in the United States, approximately 1.37 million people are diagnosed with cancer, another 570,000 lose their battles with this terrible disease, and more than 8 million Americans count themselves among a growing community known as cancer survivors. Every day, oncology nurses see the pain and suffering caused by cancer and understand the physical, emotional, and financial challenges that people with cancer face throughout their diagnosis and treatment.

Over the last 10 years, the setting where treatment for cancer is provided has changed dramatically. An estimated 80 percent of all cancer patients receive care in community settings, including cancer centers, physicians' offices, and hospital outpatient departments. Treatment regimens are as complex, if not more so, than regimens