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 contraception 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 women'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