□ 1740

Ms. BONAMICI. Mr. Speaker, thank you for this opportunity. I want to thank the Congresswoman for yielding to me this evening about this important bill. Congressman WALZ' and Congresswoman SLAUGHTER's leadership on this issue has been remarkable. Thank you so much for your tireless efforts.

The idea behind the STOCK Act is simple. Members of Congress, their staff, and other government officials should not be using their access in Washington to enrich themselves on Wall Street.

I am already a proud cosponsor of H.R. 1148, a bill that rightfully enjoys broad, bipartisan support. The protection of the integrity of our government institutions is not a partisan issue. The STOCK Act is one critical act we can take to make it clear to our constituents back home that we, like them, will not tolerate the types of activities that we were all shocked to read about in the press.

The trust that my constituents have placed in me is something that I take very seriously. As public servants, we are here to work for the people, not outside firms looking to profit, and certainly not to make a quick buck for ourselves. When you hear about scandals like this, it's no wonder the public has so little confidence in our institutions of government.

If we want to restore citizens' faith and earn back their trust, we must make sure that everyone is playing by the rules.

As I mentioned yesterday in my remarks to this House during the incredibly warm welcome I received as its newest Member, we have a fundamental belief in this country that if you work hard and play by the rules, you can succeed.

The reports of past insider trading make clear that the rules, as they apply to Members of Congress and others in the public sphere with respect to their Wall Street dealings, are not sufficient.

The STOCK Act improves the rules to ensure not only that they are sufficient, but there are consequences for breaking those rules. I'm proud to join with my colleagues, both in support of the STOCK Act and in the recent effort to bring the bill forward for consideration by the House.

Now, it's my understanding that we're going to see an altered version on the floor before we conclude this week's business. Now, I'm surprised to learn as a new Member that no amendments will be allowed on such an important bill. Although the weakening or elimination of certain key provisions, such as the political intelligence language, is deeply disappointing, I remain committed to the effort of ensuring that all of us in public office play by the same rules as the people who have entrusted us with the privilege of being their voice in Washington.

I look forward to continuing to work with my colleagues to restore our constituents' confidence in their representatives and in their government institutions.

Ms. SLAUGHTER. I am now pleased to yield to the gentleman from Iowa (Mr. LOEBSACK).

Mr. LOEBSACK. I thank the gentlelady, Ms. SLAUGHTER, and I thank her effort and the effort of Congressman WALZ as well for initially bringing this bill forward at a time when we had not heard about some things we heard on ''60 Minutes,'' at a time when really nobody was paying attention to this issue. These two folks had the courage to bring this forward, and I want to thank them for that.

I was really proud to be the fourth cosponsor of this legislation back in May, at least the version we're talking about tonight, not the current version that's on the floor. I really think that it's absolutely urgent that we fix the current loophole that was already mentioned by so many of my colleagues, that allows Members of Congress to use information that they obtain in a nonpublic fashion for their own financial benefit.

This is something that on the face of it simply makes no sense that we should allow it to happen. Not in a democracy, not certainly in Congress, in this institution. It was mentioned that this institution is not much respected right now. In fact, the latest Gallup poll today showed Congress at 10 percent. It's not surprising given the stories that we've heard, given the problems that we've seen in this country, and especially when we have something like the STOCK Act in front of us, and there's bickering going on that this thing is not being passed as quickly as it should have been passed.

Now we find that my good friend and my colleague Senator GRASSLEY from Iowa is upset as well because as was mentioned, the political intelligence loophole is there at the moment as well. That's got to stop.

We've got to pass the bill here in the House. We've got to do what we can to have a conference committee that's going to have real teeth, that's going to take care of that loophole. Senator GRASSLEY is exactly right about that. We need to show the American people that we in Congress play by the same rules that they do, that we're not above the American people. So when we go home to our districts, as I do every week—every weekend I'm home, people have faith in us. They have confidence in the institution of Congress, and that they know, as we should, that we play by the same rules as they do.

I want to thank Congresswoman SLAUGHTER and Congressman WALZ for organizing this Special Order tonight. I'm very, very proud. This is only the second time that I've done this since I've been in Congress. This is my sixth year. But I couldn't be more proud than to come up here and speak on this very important issue, and as I said, I do it because the people in Iowa, the people in my district, tell me this is the right thing to do.

Ms. SLAUGHTER. I yield back the balance of my time.

CONTRACEPTION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentlewoman from New York (Mrs. LOWEY) will control the remainder of the hour.

Mrs. LOWEY. Mr. Speaker, some decisions are just too important to be based on fear of political repercussions. That is why it is gratifying that President Obama heeded the advice of the Institute of Medicine and concluded that given its importance to women's health, contraception should be covered by health insurance as a free, preventative service for all American women.

To accommodate religious institutions, the administration appropriately exempted places of worship from requirements to cover contraceptives in their health plans. The rule strikes a delicate balance respecting the rights of both religions ideologically opposed to birth control and American women.

Let me be clear: No one will be required to use contraceptives. The rule simply allows women to exercise their own conscience when it comes to their health, and the vast majority of American women already do.

It would be a grave mistake to make it more difficult to access medically recommended services for the 99 percent of all women who have used contraception in their lifetime.

The administration was absolutely right to stand up for women's health by protecting access to contraception.

I yield to Congresswoman SLAUGHTER from New York.

Ms. SLAUGHTER. I thank the gentlelady for yielding.

Mr. Speaker, I want to commend President Obama and Health and Human Secretary Sebelius for including contraception as a preventive service that health insurance plans are required to cover at no cost.

This decision, based on the recommendation of the Institute of Medicine, is the right decision for women. It affirms the individual freedom of women to make choices about their health and their future.

Following the administration's decision, there has been an uproar from the religious community. While some claim it is in violation of First Amendment rights, the simple truth is that this decision upholds the First Amendment rights of millions of women to not have their reproductive health managed by religiously affiliated organizations who may not share their own beliefs.

This decision stands up for women's freedom, as it is a woman's right to decide when and how she wants to have a family, whether or not she chooses to use birth control, as 98 percent of Catholics do. If she subscribes to a religion that teaches against the use of birth control, then she is free to choose not to use it either.

If she would rather use birth control for the many health protections and benefits that it provides, such as the fibroid tumors, migraine headaches, and bleeding that cannot be controlled, she should also be free to do so. Either way, the choice should belong to her and to her alone.

It is also important to note the details of the administration's decision.

We're not talking about churches or organizations that exist for the sole purpose of teaching their religion.

□ 1750

These organizations are totally exempt from providing coverage for contraception.

What we are talking about is religiously affiliated organizations, such as hospitals, schools and universities. Millions of women are employed by these types of organizations, and those women do not necessarily share the beliefs of their employers. In fact, I think one of the most egregious things felt by many women is that whatever their own religions teach, they are not going to be allowed to go by that.

Catholic hospitals can and do—and we want them to—employ Baptists, Methodists, Protestants, Muslims, Jews, Buddhists, agnostics, and atheists. Teachers, cafeteria workers, administrative staff members at religious schools and universities are not necessarily members of that religion. Those employers should not have the right to decide whether or not the women on their insurance plans can access birth control. They still have separation of church and state.

Many religions that teach against the use of birth control also teach against divorce, but institutions affiliated with those religions are not allowed to discriminate against employees based on their marital status. They do not have an exemption from labor laws because of their religious beliefs. This is no different.

A recent decision by the administration shows that they are standing with women and supporting their freedom to make the choices that impact themselves and their families. Surveys have repeatedly shown that women and men across this country support providing access to contraception at no cost and that that support is equally strong among members of the very religious who are fighting this decision.

I applaud the President and Secretary Sebelius for supporting the health and freedom of women, and I support their decision to put women's personal health and freedom first.

I yield to the gentleman from Illinois.

Mr. QUIGLEY. Mr. Speaker, when it comes to religious exemptions, a balance must be struck. The rights of religious followers must be protected while also respecting the beliefs of others who may be impacted by a religious exemption.

Take, for example, a Catholic university where Jews, Hindus, Muslims, and non-religious followers work. Should these individuals be denied access to contraception even though their faiths do not oppose it?

If we expand the religious exemption too far and allow religiously affiliated institutions to deny contraception to their employees regardless of their religious beliefs, we begin to see the beliefs and rights of those who support and require contraception infringed upon.

As policymakers, we have to stand up for the rights of all of our constituents regardless of their faiths. This means making policies that walk the line between protecting the rights of primarily religious institutions while also protecting the rights of individuals employed by religiously affiliated institutions. The administration's exemption strikes that balance.

I yield to the gentlewoman from California.

Mrs. DAVIS of California. Mr. Speaker, I rise to applaud the final ruling issued by the Department of Health and Human Services to include birth control at no cost.

The pill changed the world. As some have said, it was one small pill, but one giant leap for womankind. It improved women's health. It reduced infant mortality. It increased a woman's earning potential. It empowered families to chart their own courses. Yet, currently, one in three American women struggles to afford birth control. A woman's right to decide when to start a family is meaningless if she does not have the means to make a choice. All of these benefits could be denied because of a relatively small amount of money, and that is simply unacceptable.

I am pleased that we are living up to the promises made in the Affordable Care Act, and I urge my colleagues to join me in protecting and increasing access to health care for every woman in America.

I yield to the gentlewoman from New York.

Mrs. MALONEY. Thank you.

I rise in support of the President's action and Secretary Sebelius' action in the Department of Health and Human Services to allow the birth control benefit for working women across this country.

This birth control benefit increases access to preventative health care while respecting religious freedom. This is accepted practice in 28 States—28 States that require insurers that cover prescription drugs to provide coverage of the full range of FDA-approved contraception drugs.

Taking this benefit away would be devastating for millions of workers. Women's access to care is absolutely on the line, and they have turned it into a religious versus reproductive freedom debate. Birth control is medication prescribed for women's health, plain and simple. It is not radical. As I said, 28 States already supply it, and roughly 99 percent of women use birth control at some point in their lives; but the only way they can use it is if they can get it, so the right to choose is absolutely meaningless without the means and access to choice.

The President's thoughtful decision allows insurance companies to cover contraceptives. It does not in any way interfere with one's religious beliefs or the beliefs of the church. It does not force anyone to use them, and it certainly does not require anyone—churches or anyone else—to cover them. Yet, if it is a university, if it is a major employer that is employing many people and not people of one faith but of many different faiths, then it is required to follow the law of this country.

So let's end this assault on women's health, and let's listen to the millions of Americans who rely on birth control each and every day. It's important for their health, and I applaud the President and Secretary Sebelius.

I yield to the great Congresswoman from the great State of California.

Ms. LEE of California. I want to thank the gentlelady for yielding and also for standing up for women's health, not only today and during these very difficult times, but each and every day of her life.

As a former devout practicing Catholic, I fully understand and respect the Church's doctrine on contraceptives. Even though I disagree with it, I fully respect it and I understand it. Also, I know that the separation of church and state is a fundamental principle that we must maintain.

Mr. Speaker, the administration's decision to provide choices to access quality, affordable health care, family planning services, including contraceptives, are vital for women's health and well-being. This is really not about a mandate. The rule would not force anyone with a religious objection to use or prescribe FDA-approved contraception. The fact is that Catholic bishops know that the 335,000 religious institutions and organizations and churches and places of worship are exempt. In fact, no woman will be required to use contraceptives or to even access contraceptives if she does not want to do that. This ruling is about women making their own decisions as to whether to use contraceptives or not. It's about access.

Religion must not force discrimination and discriminatory policies against, for example, an employee who works in the cafeteria of a hospital who chooses to plan her family. She should not be denied this coverage because of where she works. Low-income women finally—finally—will have equal access to contraceptive services if they choose.

So we want to make sure tonight that the facts are presented appropriately. Yes, we've witnessed this war against women systematically come against women's health for the last year now, and it's about time we start really being truthful to the public and

get the facts out there and not allow the misinformation to really put women, once again, in a position of not having access to contraceptive care.

□ 1800

So I believe that this decision was right. I know that it allows for religious exemptions. And this rule should now allow for employees, for nurses, for health care workers to access contraception when they want to, and if they choose not to. They don't have to. But we should not allow discrimination to take place anymore.

I yield now to the gentlelady from California, Congresswoman LOIS CAPPS.

Mrs. CAPPS. I thank my colleague, BARBARA LEE from California, for yielding to me. And I also want to thank our colleague from New York, NITA LOWEY, for her leadership in organizing this opportunity for us to speak, to speak with one voice, we who are Members of Congress, women Members of Congress. And speaking for myself, some of us are mothers, are grandmothers. And my career in public health greatly informs what I'm about to say.

Mr. Speaker, I rise today in support of the Obama administration's decision to include contraception in their very, very important list of preventive services which will make women's health care more affordable. Let us be clear: This was not a political decision on the part of the administration, on the part of our President, nor was it intended to attack any religious institution. It was a decision based on extensive science and the expert recommendations made by these scientists with the goal in mind of keeping women and their children healthy.

However, a great deal of misinformation has been spread about this rule, and some have decided to, again, use women's health as a political football. But the truth is that this issue is not as divisive as many would like it to be. Almost all women use a form of an FDA-approved birth control at one point or another in their lifetime. This includes 98 percent of Catholic women as well. And most Americans, men and women, believe that women—not their bosses—that women should have the choice of which health care services they can and want to access.

But, you know, some would have us believe that the administration's rule is in some way radical. It is not. Twenty-eight States already require the coverage of contraception in their insurance plans, and the new Federal standard is based on the one that has worked in my home State of California for many years. It has done so without any religious hospitals dropping coverage or firing employees. It's worked perfectly well. The administration now has made the right call, and I speak on behalf of women in this country urging the administration to stay the course.

Now it is my honor and pleasure to yield to our colleague from Maryland, DONNA EDWARDS, a very appropriate person to speak on this topic.

Ms. EDWARDS. I thank the gentlelady for yielding.

Mr. Speaker, I just want to express my support for the administration's ruling that provides women and families across this country, no matter their faith, the opportunity to take control of their own reproductive health and to gain access to contraceptive services.

The opposition we are hearing—although very vocal, from very few voices—does not adequately reflect the voices of the millions of women across this country who rely on contraception.

Mr. Speaker, 99 percent of women in the United States and 98 percent of Catholic women already use birth control; and it's estimated that, on average, women use birth control for 30 years. Polls conducted across the country over the last week also have found that more than half of the United States population believes that employers should provide health care plans that cover contraception and birth control at no cost.

Unfortunately, over the last week, since the administration's ruling, I believe religious leaders have misinterpreted and misled the American people on the rule's implications. The exemption in the ruling actually very carefully protects the rights of churches and church associations. The administration justly limits the exemption of institutions whose main purpose is for spreading religion and employ and serve people of the same faith. Clearly, the opposition doesn't express this. Extending this exemption beyond these churches to other religious institutions would directly undermine the intent of the health care reform law for the more than 640,000 individuals employed, in particular, by Catholic hospitals.

And let's be clear: Contrary to what some have said, this ruling has absolutely nothing to do with abortion. In fact, the ruling will save women up to $600 per year and keep their employers from absorbing a 15 to 17 percent increase in health care costs simply not to provide women with contraceptive coverage.

Women and families across the country deserve the option to receive comprehensive contraception coverage if they desire. The rule doesn't prescribe contraception to women. If a woman chooses to exercise her faith and not use contraception, she's free to do so under this ruling. However, limiting access to contraception to any subset of the population would be a direct affront to the scientific and medical recommendations of the Institute of Medicine.

Catholic institutions are in an untenable position. After all, where is it that we would draw the line? Should those institutions exercise their role as employers rather than their role in their faith tradition? I would argue that of course this is about their role as an employer.

What, for example, would the government do if these institutions also believed that they should exempt themselves from paying payroll taxes because they believe that under their faith tradition people's responsibility is to tithe instead? Would we allow them to self-exempt from payroll taxes? I don't think so.

Contraception and maternal health is all a part of a woman's comprehensive health care, just like breast exams, screenings, and well-woman visits. Fifty percent of pregnancies in this country are unplanned, and it's widely understood that these unplanned pregnancies are not as healthy as planned pregnancies. This can cost taxpayers up to $11 billion a year. And at a time when the other side is slashing budgets and proposing reforms to shift costs to States, this ruling is about as smart as we get for our health care system, for women and families, for babies, and for American taxpayers.

Making certain women and families have the opportunity to plan pregnancy is critical for our society. The administration's ruling protects women, families, and babies, eliminates discrimination of one group of women over another, and it's important for us. The ruling respects the religious beliefs and freedoms of all Americans and health care providers while it ensures that women have the full option to pursue contraception.

I stand with my colleagues in support of the administration's rule and look forward to working to expand health care coverage and women's health care coverage.

At this time, I would like to yield to my colleague from Connecticut, the Honorable ROSA DELAURO, who is a true leader for women's health care, and I appreciate her leadership.

Ms. DELAURO. As both a Catholic and an advocate of women's health, I believe that these guidelines strike the necessary balance between increasing access to health care services for women while respecting the religious beliefs of all Americans.

These guidelines are based on recommendations from the Institute of Medicine, a nonprofit, independent organization that is grounded and rooted in science. They have recommended that women have access to a wide range of services, such as screening and counseling for domestic violence, that pregnant women have access to services such as a screening for gestational diabetes, that women have access to at least one well-woman preventive care visit a year, and that all women have access to a range of contraceptive services, counseling, and methods.

Let me be clear: The Catholic Church and its employees are exempt from these guidelines. They apply only to church institutions that serve the larger community, employ people of different faiths on a nonreligious basis, and do not meet the clear requirements for a religious exemption. There are thousands of non-Catholics who work

in Catholic hospitals and in Catholic universities.

Improved access to birth control is directly linked to declines in maternal and infant mortality and helps to reduce unintended pregnancies.

□ 1810

That is why 28 States, including Connecticut, already mandate the coverage of contraceptive service and why many private employers already cover these services.

I'm proud to support what I believe to be a moral decision by the administration and a well-drafted compromise that maintains the existing Federal conscience protections and at the same time allows women access to contraceptive service and other preventive health care services without mandating in terms of contraceptive services that one use it or be required to dispense it.

I would like now to yield to my colleague from Washington, DC, the Honorable ELEANOR HOLMES NORTON.

Ms. NORTON. I thank the gentlelady for yielding. And I think, Mr. Speaker, in the next several days and weeks you're going to see people come forward to speak up for the silent majority in this controversy about contraception and what institutions should and should not provide. Whoever has been a silent majority, today it is the women of America, particularly women who may happen to work for Catholic hospitals, for a Catholic university as I did, for example, when as a Protestant I worked as a tenured professor of law at Georgetown University here in Washington, DC.

The Catholic Church has long accepted the laws against discrimination except as to the Church itself and the Church's own activities. And so you'll find in a Catholic hospital or Catholic university you must hire people regardless of their race or religion and the like.

Now, the Church seems to be seeking a different rule on how you accommodate religion. We have accommodated the Catholic Church when it comes to hiring its own employees, for example. And the administration has accommodated the Catholic Church when it comes to the provision of contraceptives for its own church employees.

However, there are hundreds of thousands of women and men who work for hospitals, for universities, and other institutions that hold themselves out as nondiscriminatory and as accepting all people. For that reason the Church, of course, qualifies for Federal funds because it is accepted, as acting as a public institution in the place of a public institution.

We have a long and treasured history, Mr. Speaker, of religious accommodation. When I chaired the Equal Employment Opportunity Commission, I recall the many cases in which we tried to err on the side of religious accommodation, but the accommodation must never be so broad as to trample on the rights of others. To accommodate the institution and not accommodate the people whose conscience is being trampled, of course, is precisely what the Constitution does not allow.

A broad accommodation to the Church that would relieve it of offering a health care service that is essential would penalize the rights of thousands of non-Catholics. So whatever the right of the Church is, it does not have the right to trample on the rights of others. That's how accommodation works.

The administration's own exemption is patterned on identical religious exemptions that have been tested in the courts and found to be constitutional.

I think the administration was looking at two things when it fashioned a very, very generous exemption for the Church in the health care law. First, it was looking for what was necessary to do as vital to the health care of women, but it was also looking to what was constitutional.

Mr. Speaker, if I may say so, I believe the broad exemption which the Catholic Church seeks which would penalize the rights of thousands of women who work for catholic-affiliated institutions who are not Catholic who do not share their views, whether or not they are Catholic, on this issue, if such an exemption were to be granted, then the administration, it seems to me, would find itself engaging in an unconstitutional exemption.

The administration has accommodated the Church. It has fulfilled its obligation to see to it that women have a vital health care service, and it has prevented an unconstitutional violation.

I am pleased to yield now to the gentleman from New York.

Mr. NADLER. I thank the gentlelady for yielding, and I thank her for her excellent exposition as to the law and the constitutionality, with which I am in full agreement.

As we all know, the administration recently announced that a popular and critically important component of the health care reform law would guarantee that most women have access to contraceptives paid for by their health insurance. This decision was based on the sound science of the impartial and independent Institute of Medicine, which recognized that contraceptives are an essential health service fundamental to improving the lives of women and their families.

This decision is a major victory for women. Eighty-nine percent of American women, including a similar percentage of Catholic women, use contraceptives at some point in their lives. Particularly at this time of economic uncertainty, women will have one less cost to worry about that can be a substantial cost. Make no mistake about it, freeing up $600 or $800 a year will have significant effects on working families.

The decision also recognizes and supports religious freedom by providing certain limited exemptions for places of worship, as well as for those organization that hire and predominantly care for those who share the same religious beliefs. They were protected against being required to violate their religious teachings.

I am proud to stand shoulder to shoulder with President Obama and his administration for helping to strike this important balance between religious rights and the rights of women to protect their health.

Yet to hear some people talk about this decision, you'd have no idea that the religious organizations and the religiously devout have their liberties protected. Amid all the hyperbole, the truth is that the administration's decision, while significant and important, is hardly new. This measured approach that balances religious rights on the one hand and the rights of women on the other is already the standard in 28 States, including my home State of New York.

Because it is not just employers and corporations that have rights at stake, hardworking people and their families also have rights.

Under the approach adopted by the administration, universities and hospitals which serve and employ people from a multitude of faiths and cultures are not exempt from the requirement that health insurance provide coverage for contraceptives, nor should they be. Women should not be denied a basic health service merely because they work or study at a university or hospital affiliated with a religious organization.

The difference here is that churches are and should be protected in their religious role, protected against having to violate their religious views, but they must not be protected in their role as employers. We permit a church, for example, to discriminate in religious practice. No one asks the Catholic Church how come you do not permit women priests? That's their business.

But we do not permit them to discriminate as employers. We do not permit a church-affiliated hospital or university to say we will not permit the hiring of female doctors or female professors or black doctors or nurses because that would impinge on liberty. If a church has a doctrine against hiring female priests, that's fine. But hiring female professors in the university, unless it was a solely ecclesiastical university, only for religious purposes, if it is a regular university, then they cannot be permitted to have that kind of discrimination.

We protect religious liberty, but we cannot permit a church to impose its views on others who may not share those views.

□ 1820

The church can preach its views, it can seek to persuade people, but it cannot coerce people who may work for a church-affiliated university or hospital that they cannot use contraceptives if they want to. The liberty here is the

liberty of the employee that must be protected. The liberty of the church must be protected in its churchly function and in its function as a religious institution. In its function as an employer, the liberty belongs to the employees. And that is the distinction that is made here. It is the proper distinction.

Imagine if some other church that thinks that it is wrong to give transfusions to people, blood transfusions, ran a hospital. We would not permit them to let people die in that hospital for lack of transfusions because it's not up to them to decide medical practice by their religious doctrine. If the person wants to refuse treatment because his religious doctrine says, I don't want a transfusion, that's his liberty. But we must not confuse the religious liberty of the church to propagate its views and to conduct its religious affairs as it sees fit with the liberty of employees in a secular institution affiliated with the church to have the normal protections against discrimination and the normal rights that we afford all people.

That is why the administration's decision to say that contraceptives are scientifically a necessary health care service which must be provided by health insurance is right, and any attempt by a religious institution to say that they should be exempt from having employees allowed to get contraceptives paid for is wrong, and I applaud the administration for making the proper distinction to protect the liberty of the employees and the religious liberty of the church both.

I yield to the distinguished gentleman from New Jersey.

Mr. HOLT. I thank my friend from New York.

This is an important subject. As previous speakers have made clear, birth control is fundamental to women's health, just like cholesterol testing and any number of other things. And decades of evidence show that planned births produce healthier babies and healthier mothers. Anyone who is working as a health care aide or a nurse or working in a religiously affiliated social service agency would want health care provided to them that is not discriminatory, and that includes the range of services that provide for good health.

Purely religious organizations would be, are, have been and will be exempt. But when an institution, even if affiliated with religion, chooses to provide public services and accept public money, they must follow public fair employment practices and not discriminate in hiring or salary or benefits. And now, under the Affordable Care Act, they also may not discriminate against women and women's services in providing health care benefits.

That's what we're talking about here. It's really quite straightforward. Expanding the religious exemption to religious institutions that employ people of all faiths would take preventive services away from millions of Americans, would result in substandard health care for far too many women in our country, and it would allow religious institutions to be able to discriminate against employees of different faiths.

It's only fair. It's only what has become recognized by the courts, by the public, and by general public mores as the right thing to do. And now under the health care act, it would be institutionalized for all agencies except purely religious agencies that hire only in one faith.

So, Mr. Speaker, I think there's been a lot of misinformation about this. I hope tonight's discussion has helped to clarify the matter.

With that, I am pleased to yield back to my friend from New York.

Mrs. LOWEY. I thank my colleague from New Jersey.

In conclusion, I want to emphasize, again, that the Institute of Medicine found that contraceptives save lives. There are numerous studies that have shown that contraceptives lower the risk of developing ovarian cancer, help prevent unintended pregnancies, improve outcomes for children, and reduce abortions. So, my friends, it's hard to believe that in the year 2012, we are having a debate about whether or not insurance plans should cover contraceptives.

Let's remember that for many women in this country, of the 98 percent of women that are using contraception at some point in their lives, let's remember that for many women, $1,000 a year is money that they can't afford. So let's support the administrative position recommended by the Institute of Medicine.

Mr. Speaker, I yield back the balance of my time.

HOUSE ENERGY ACTION TEAM HOUR

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Colorado (Mr. GARDNER) is recognized for 60 minutes as the designee of the majority leader.

Mr. GARDNER. Thank you, Mr. Speaker, for the opportunity to address the House tonight on American energy. Tonight's gathering again brings together people from across the country to talk about energy policies, rising energy costs, and what it means not only to American families but what it means to the American economy.

Tonight's organization is brought to us by the House Energy Action Team. It's a group of people throughout the United States elected to Congress who are committed to doing everything that we can to solve our Nation's great energy crisis, to make sure that we are addressing the price of gas at the pump and to make sure that we are taking advantage of all of the great resources that this country has to offer, whether they are traditional energy resources, be it natural gas and coal, or whether it's renewable energy and the opportunities we have around this great country.

This country faces a significant challenge. We all know the situation. Unemployment stands at over 8 percent, just as it has for the last 36 months in a row. Along with high unemployment, the American people have a new worry now: rising gas prices. The average price for a gallon of regular gasoline has risen to $3.45. That's up from 11 cents from just 1 month ago, 33 cents from 1 year, and up a full $1.66 since President Obama took office.

We cannot allow these high gas prices and energy prices to continue to stymie our economic recovery, and the American people cannot afford to continue to pay these unnecessary costs. Just yesterday, in fact, Federal Reserve Chairman Ben Bernanke testified in the Senate, ''a major disruption that sent oil prices up very substantially could stop the recovery.'' This is a serious matter we're facing. The Federal Reserve chairman has recognized that if gas prices, if energy prices escalate, if they spike, that disruption that sent oil prices up very substantially could stop the recovery that this Nation so desperately needs.

The chairman went on to note that price spikes feed inflation and act as a tax on American consumers. The government can approach this problem in a very direct way. We can take steps to increase domestic oil production and refining. Unfortunately, fighting high gas prices doesn't seem to be a high priority for this administration. Offshore leasing has fallen behind previous projections. Other administration policies have also curtailed onshore production.

In 2007, the United States Energy Information Administration projected the total 2010 U.S. oil production on Federal lands to be 850 million barrels. Actual production was 16 percent beneath that. About a year ago, the Energy and Commerce Committee had an opportunity to hear from Secretary Chu, the Department of Energy secretary. As he was testifying before the House Energy and Commerce Committee, I asked a very simple question: What is the administration's plan to address the rising price of gasoline to help relieve the pain at the pump for millions of Americans who are trying to get to work and help their families make ends meet? After a lot of hemming and hawing the answer was, well, in 10 years from now—and I stopped him, I interrupted, and I said, the administration's plan to address high gasoline prices is something that we can count on in 10 years from now? As we have seen with gas prices that have already risen $1.66 since the President took office, their plan is still not in effect.

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Permitting agencies across the Federal Government need to work to