bills for the American people and I hope we can continue the good progress that we have made over the last 3 weeks. When you look back at what we have been able to get through the Senate, in terms of education, the NATO treaty enlargement, and also last week the IRS reform—if we can have another week and complete the week with the DOD Department of Defense authorization bill I think we can feel very good about what we have accomplished over the last month.

I yield the floor.

The PRESIDING OFFICER (Mr. HUTCHINSON). The Senator from Mississippi.

AMERICAN MISSILE PROTECTION ACT

Mr. COCHRAN. Mr. President, let me say, first of all, that I appreciate very much the majority leader calling up the missile defense bill on yesterday. At his authorization and direction, a cloture motion was filed on the motion to proceed to consider that bill when an objection was raised by the ranking Democrat on the Armed Services Committee and the ranking Democrat, Senator LEVIN, on the International Security, Proliferation and Federal Services Subcommittee that I chair.

Last year, we had a series of hearings looking into the growing proliferation problem in the development of weapons of mass destruction and missile systems to deliver those weapons by countries that many in our Nation probably weren't aware were developing the sophistication in long-range missile systems that were being developed.

I think yesterday the announcement in India of the detonation of a nuclear device as a test confirms once again what a dangerous environment we are in, in terms of proliferation of capabilities, of having nuclear weapons, of having missile systems that can deliver those weapons over a long range. To put that in context yesterday, Pakistan, just a few weeks ago, tested a new missile that our security analysts and our intelligence agencies weren't aware that they had—another example of how we cannot predict with any degree of certainty or accuracy how soon countries are going to develop missile systems, nuclear weapons with the capability of delivering those weapons systems over long ranges. The Pakistani missile that was tested was a 1,500-kilometer range missile—five times greater in capability than a report that was filed by the Defense Department said that Pakistan had in November of 1997. Think about that.

We get an annual report from the Defense Department using the intelligence capabilities of our CIA, the Defense Intelligence Agency, National Security Agency—all of the resources that our country has, to put together this report for the Congress. And in November of 1997 they said that Pakistan had in its inventory a 300-kilometer range missile, and then in April they test a 1,500-kilometer range missile. What has happened? They have had assistance from other countries. Some say it was China who provided the technology and wherewithal to come up with this new, longer range missile. Some say it was North Korea. Pakistan says it was developed from within with their own technology, their own scientists.

Whatever the reason and however this came to be, it is alarming, and now we see India reacting to that new development by testing a nuclear weapon that is twice as powerful as the atomic bomb that was used in World War II by the United States against Japan.

The point is, this is a very, very dangerous situation that we see developing in that part of the world, but in other countries, too. In Iran. We have seen demonstrated in Iraq the capacity to almost put a satellite in orbit with a missile launch vehicle 10 years ago. That surprised the United States. That surprised our intelligence-gathering agencies.

I am hopeful that the Senate will notice that the time has come for us to stop playing politics with missile defense and national security and work together in a bipartisan way to develop and deploy, as soon as technology permits, a national missile defense system to protect the security of the United States.

We will have that vote on cloture, as the majority leader pointed out, on Wednesday—cloture on the motion to proceed to consider the bill, not on the bill itself. It will still be open for amendment. It will still be open for debate by Senators who want to discuss this issue, but I hope the Senate will invoke cloture so that we can proceed to consider the bill, to discuss the issue further, particularly in view of these developing events that confirm what a dangerous proliferation situation we find ourselves in in the world today, and we are defenseless against long-range or intercontinental ballistic missiles.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business for not to extend beyond the hour of 10 a.m., with Senators permitted to speak therein for up to 5 minutes. Under the previous order, the Senator from Maryland is recognized to speak for up to 15 minutes.

Ms. MIKULSKI. I thank the Presiding Officer.

(The remarks of Ms. MIKULSKI and Mr. DASCHLE pertaining to the introduction of S. 2064 are located in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The Democratic leader.

HEALTH CARE LEGISLATION

Mr. DASCHLE. Mr. President, there is no one from the Republican side of the aisle on the floor at this moment, so I do not want to propound the request until someone is available. But I do want to put our colleagues on notice that I would like very much to be able to propound a unanimous consent request within the next few minutes that would do two things: First, it would ask that Senator D'AMATO be recognized to offer a bill regarding inpatient hospital care for breast cancer with a time limit of 2 hours for debate on the bill, with no amendments or motions in order thereto, and that when all time is used or yielded back, the Senate proceed to vote on passage of the D'Amato bill, and that immediately upon disposition of the D'Amato bill, the Senate then proceed to the immediate consideration of the Daschle-Kennedy Patient Protection Act with a time limit of 2 hours for debate, with no amendments or motions in order thereto, and that when all time is used or yielded back, the Senate proceed to vote on the passage of the bill with all time equally divided and controlled in the usual form, and that the above occur without intervening action or debate. I would ask that those bills begin to be considered at 11 o'clock.

As I said, Mr. President, I will not ask unanimous consent at this time simply in deference to our colleagues. But let me again explain what it is we are attempting to do here. It is our hope this week, in a very limited timeframe, that we can pass two bills of great concern and importance to this country, first and foremost, a bill that many of us have cosponsored dealing with the need to protect patients in an array of different health circumstances that they face. More and more, the American people are saying they are victimized, not assisted, by HMOs. More and more, they are saying that managed care is not working as it is supposed to. More and more, they are saying that we are facing some critical decisions that we must make if we are going to ensure that managed care and HMOs work right.

Day after day, our caucus has come to the Senate floor recognizing the importance of calling the attention of this country to victims of our current managed care system. These victims have lost their health, and in some cases, their lives as a result of very critical decisions being made erroneously by people sitting at computers instead of by doctors and nurses in the hospital rooms and clinics of this country.

We have introduced legislation that would provide protections to patients. It recognizes that in this HMO, managed care environment we have to do a lot better job of focusing on patients,

and not on bottom-line calculations that are oftentimes used regardless of patients needs. The Patient Protection Act is absolutely essential to that effort. We also recognize that there is a need, as part of the legislation, to deal with the problem of premature release of patients when they have mastectomies.

Senator D'AMATO and Senator FEINSTEIN and others have made a real effort to highlight that particular problem. And we are very supportive of that effort. So we hope we can pass both bills. Let us pass the Patient Protection Act. Let us pass the Feinstein-D'Amato mastectomy bill. Let us do it en bloc. Let us do it: 2 hours and 2 hours. We are prepared to do it this morning. We can get on with that and also the array of other very important technological bills that we will be bringing up. I thank very much the Senator from Montana for affording me the opportunity to make my presentation. As I noted, just as soon as we find a Republican colleague on the floor I will pose this unanimous consent request.

Mr. DORGAN. Will the Senator yield?

Mr. DASCHLE. I will be happy to.

Mr. DORGAN. Mr. President, as I understand the minority leader, he is talking about the desire to bring to the floor of the Senate for a vote the patients' bill of rights. As the Senator knows, we have every day brought to the floor of the Senate a discussion about the specific problems that patients are encountering out in this country who have been hurt by managed care institutions or organizations and find that their health care decisions are all too frequently not made by the doctor in the doctor's office or in the hospital but by some insurance accountant someplace 500 or 1,000 miles away. And the result has been catastrophic for some of the patients in this country who have not been able to get the health care they need. As I understand it, this piece of legislation talks about the ability to get the health care you need from the doctor you choose, the ability to get to an emergency room when you need one, and a full range of similar concerns that affect patients.

Is it the request of the minority leader that we have an opportunity to vote on that legislation this morning? And if not this morning, at least at a time certain at some point this year? As I understand it, there are some who don't ever want us to have an opportunity to deal with this issue, because the insurance industry and some others, who certainly don't want anybody tampering with the circumstances at all, prefer we not vote on this. But the American people understand we have a serious problem here that needs to be addressed. Is it the intention of the Senator to get a vote on this today or at some specific point in the future?

Mr. DASCHLE. It is our desire to see if we can find a way to take up this legislation and pass it today. And if not today, at a time certain. If we cannot do it for some reason at 11 o'clock this morning, we are prepared to set a time—perhaps June 15—perhaps right after we get back from the Memorial Day recess. If we are doing the tobacco bill next week, and we have technology bills this week, 4 hours today seems to me to be a reasonable period of time to debate both of these bills and pass them. If we cannot do it today, I think it is incumbent upon the Senate to pass this legislation at a time certain—to agree to a debate at a time certain. I am sure that will happen.

Mr. KENNEDY. Will the Senator yield?

Mr. DASCHLE. I yield to the Senator from Massachusetts.

Mr. KENNEDY. Is it the position of the Senator that this really is the most important health issue that is before the families of America today? Is it understood that we have been unable to consider this legislation in the Labor and Human Resources Committee, and so this is the only way and only means by which we can have the kind of debate that families across this country want? Is it the opinion of the Senator from South Dakota that this really is a compelling issue, perhaps the most important health care issue that families in South Dakota and across this Nation care most deeply about—to make sure that doctors and not insurance agents are going to be making decisions on health care?

Mr. DASCHLE. Mr. President, I tell the Senator from Massachusetts that, just last week, a family from South Dakota told me that if there is one thing the U.S. Senate should do this year—this year—it is pass the Patient Protection Act. It is to deal with the problems they are having with managed care. And it is to deal with the recognition that there is a growing problem out there. In poll after poll after poll, the American people are saying: We don't care what else you do, do this and do it this year.

So I think it is very clear that the intensity level is as high as it can be. People care about this issue, and they recognize the problem. People know how difficult it is today to face managed care organizations that, in large measure, are not addressing these problems as they should. So the Senator from Massachusetts raises the right question. Do the American people want us to address this issue? The answer is not only yes, but yes with an exclamation point.

Mr. DURBIN. Will the Democratic leader yield?

Mr. DASCHLE. I yield to the Senator from Illinois.

Mr. DURBIN. Mr. President, I thank the Senator for raising this issue. I hope that we put it in context. This is an important procedure that Senators FEINSTEIN and D'AMATO bring to the floor. It addresses the issue of mastectomy. It makes certain that women and families have peace of mind when they face that procedure. I don't think there is going to be any opposition to that bill, and there should not be.

The Senator from South Dakota makes a point—and I think we should make the point—that in this debate there are many other potential injustices, and injustices in the health care system. One should consider the fact that most Americans say, first and foremost, they want to choose their own doctors, and many women say, ''I want to be able to make certain during the course of my pregnancy that I have a doctor, an obstetrician who I can be confident in, and one who will give me advice every time I come in for a visit.'' There are families who worry that when their children are brought into a doctor's office, they will be referred to the right specialist, the one best for that child. They don't want that decision being made by an insurance company. They want it being made by a doctor.

The irony here is that we are saying doctors should make that decision. These doctors who have been chosen by the insurance companies to be part of their plans should be trusted, and their judgment should be trusted. What the Senator from South Dakota is saying is, let's move forward on the Feinstein bill, on this important mastectomy protection; but let's extend this protection to so many other Americans and families and women in other circumstances who are being disadvantaged by insurance companies and HMOs that are unresponsive to families and their needs.

I think the Senator from South Dakota puts a challenge to the Senate today. Will we do one small, but important, part? Or will we take a look at the whole picture and make certain that we can return home after this session with the kind of legislation that the American people will support? I hope the Republicans will join us. This ought to be bipartisan. What is the controversy here when we say patients and their families should come first, and protecting the patients when it comes to important medical decisions?

I thank the Senator from South Dakota. I hope we can get the assurance from the Republican leadership today that we will not only consider the Feinstein-D'Amato bill, but also the patient protection that Senators DASCHLE and KENNEDY will offer.

Mr. DASCHLE. Mr. President, I thank the Senator from Illinois for his very good statement. He raises an interesting point that I failed to mention. Oftentimes, we talk about this as a matter simply of urgency and concern for victims. Indeed, that is the greatest concern—the degree to which victims come to us with stories that they believe call out for attention to this matter. But there are now over a hundred organizations—organizations of all kinds—our doctors, our nurses, an array of working organizations in this country, including education, you name it—organizations that have come

forward to say that this isn't just a health issue, this is a worker issue, this is a quality of life issue. This is an array of organizations that rarely come together on any issue. Philosophically, they go from left to right. But the fact is, they care about this issue because they know how critical it is that we solve it this year.

So, as the Senator said, this should not take very long. Indeed, it is important that we get on with moving this legislation.

Ms. MIKULSKI. Will the Senator yield?

Mr. DASCHLE. I yield to the Senator from Maryland.

Ms. MIKULSKI. Mr. President, I ask the Senator from South Dakota, our Democratic leader, a question. In all of his research on the bill, has he not found that this is a very compelling issue for women and for children, that there has essentially been a ''moat'' around access to medical treatment and, therefore, leaving it to the Senate or legislative bodies to make corrections, one procedure at a time, like drive-by deliveries, dumping of mastectomy patients? Would it not be better to take down the ''moat'' around medical treatment and do this in a comprehensive way, especially a way that it affects the women and children? Has the Senator found that?

Mr. DASCHLE. The Senator from Maryland is absolutely right. She said it very succinctly. That is, in essence, what this legislation will do. This isn't the broad array of health care reforms that we could be addressing. This very narrowly focuses on one of the biggest problems we have in health care delivery today. I appreciate very much her calling attention to that fact.

Ms. MIKULSKI. I thank the Democratic leader.

UNANIMOUS CONSENT REQUEST—S. 249 AND S. 1890

Mr. DASCHLE. Mr. President, now that we do have a Republican colleague on the floor, let me propound the following unanimous consent request:

I ask unanimous consent that at 11 o'clock on Tuesday, May 12, Senator D'AMATO be recognized to offer a bill regarding inpatient hospital care for breast cancer, with a time limit of 2 hours for debate on the bill, with no amendments or motions in order thereto, that when all time is used or yielded back, the Senate proceed to a vote on passage of the bill, and immediately upon disposition of the D'Amato bill, the Senate proceed to the immediate consideration of the Daschle-Kennedy Patients' Bill of Rights bill with a time limit of 2 hours for debate, with no amendments or motions in order thereto, and that when all time is used or yielded back, the Senate proceed to vote on passage of the bill, with all time equally divided and controlled in the usual form, and that the above occur without intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. D'AMATO. Mr. President, reserving the right to object. Mr. President, let me simply state that tying these two requests together—and I appreciate the position of the Senate minority leader—is unacceptable for the majority. Therefore, I will object.

We can have some discussion as to the merits of attempting to tie the two together. I know the minority leader has been speaking. I might even support the Patients' Bill of Rights, but to tie it together in this way is unacceptable. So I am forced to object.

The PRESIDING OFFICER. Objection is heard.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Democratic leader.

Mr. DASCHLE. Let me just say I am very disappointed. We are not tying them together in any way other than by procedure. We are simply saying, let's debate the D'Amato bill for 2 hours, and then let's debate the Daschle-Kennedy bill for 2 hours. They both deal with protections for patients. They both deal with the need to confront the array of problems we are facing in managed care today. So I am very disappointed the majority has chosen to take this action, and I hope if we can't do it today, perhaps we can do it on the 15th. So let me ask unanimous consent that on a date no later than June 15, both bills be considered in the order that I have just described.

The PRESIDING OFFICER. Is there objection?

Mr. D'AMATO. Mr. President, reserving the right to object, again let me say it is one thing to say they are not being tied together, but that is exactly what is taking place. Let me take the time to point out, if I might, that the legislation that has been crafted with the help and consultation of my colleague, Senator FEINSTEIN from California, from the beginning is not controversial, absolutely not controversial and is necessary. To take a bill that is so straightforward and tie it up in procedural knots—and that is what is happening here—so that the women of America, because of these procedures today, are being denied health care that they need, reconstructive surgery, drive-by mastectomies, being put on the streets or being told we are not going to pay for more than 24 hours or 48 hours or whatever the policy limits may be, regardless of the medical necessity, we are not going to pay for reconstructive surgery because, as one plan said and a doctor told me, ''It doesn't serve a bodily function so therefore we don't have to have reconstructive surgery,'' is absolutely wrong.

This is an issue that everyone can support and should support, and we should not tie it down with legislation by its very nature that is so comprehensive as the Patients' Bill of Rights that takes in a myriad of programs and projects, et cetera, many of them that have arguments on both sides. To say that we are going to give one 2 hours and the other 2 hours, which is so complex, is just absolutely using the procedure to stifle this straightforward bill which says we will give women the right without having to appeal to various boards, et cetera, to reconstructive surgery and to know that they are not going to be forced to leave a hospital before it is the right time to do so.

That is what we are talking about here. So we are forced to object. I am sorry that the distinguished leader on the other side is using that as a cover for precluding—and by the way, we may have some Members on the Republican side, I might want to add, who will seek to amend this, who are out of line, I believe, and who will hide behind this and do not have the courage to come down here and to vote up or down. And I would like to see them offer amendments because I have had some colleagues—let's be very candid—to say, ''We are going to offer a killer amendment.''

Why? Let me give you the argument on the other side. ''We don't want mandates.'' Let me give you another one. One of my distinguished colleagues says, ''We shouldn't have legislation by body part.'' Well, it is too bad, he is right, that we would have to reach this time and this place that it demands that. How much longer should the women of America have to wait? How many years, how many months do we really tie it up? And let me say this to you: This Senator is going to go forward. I know that my colleagues on the Democrat side, and there are many of them, feel equally passionate, and we are going to go forward and we are going to have a vote on this amendment. It is a straightforward piece of legislation.

I see my colleague, Senator FEINSTEIN, is seeking to speak on this, and I am going to——

Mr. DASCHLE. Mr. President, did the Senator from New York object?

Mr. D'AMATO. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. D'AMATO. I call for regular order, Mr. President.

Mr. DASCHLE addressed the Chair.

Mr. D'AMATO. I now call for regular order with respect to the continued time.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. I would remind the Senate of the previous order so that we are at the point, past the point, where morning business is closed.

The PRESIDING OFFICER. Under the previous order, the Senator from New York is recognized.