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.

UNANIMOUS-CONSENT REQUEST—S. 249

Mr. D'AMATO. Mr. President, I ask unanimous consent that the Finance Committee be discharged from further consideration of S. 249 regarding inpatient care for breast cancer, and there be 2 hours for debate equally divided with one relevant amendment in order to be offered by Senator D'Amato, and following the disposition of the amendment the bill be advanced to third reading and a vote occur on its passage, all without intervening action or debate.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DASCHLE. Reserving the right to object, let me just say how disappointed I am that the Senator from New York continues to persist in his erroneous conclusion that somehow these are melded together. I will put forward a new proposal for my colleague and friend from New York. I would propose that we take up the D'AMATO bill today, that we debate it as he suggests so long as by June 15, or at any date in June that would be of his choosing, we can take up and debate the Patient Protection bill for whatever time it takes. If it is complex, let's debate it. If it ought to be amended, let's debate it. If the Senator from New York is prepared to give me that opportunity, to say in June we will take up patient protections with amendments, we will have the debate on his bill today and my bill in June. I would make that proposal to the Senator from New York, reserving the right to object.

Mr. D'AMATO. I understand that, and let me respond by saying that I wish I could and did have the authority to accept that because I would do it, because I think we should have a full debate and a full discussion on the Patients' Bill of Rights. And I think it will not be limited, should not be limited to 2 hours. I thank my colleague, the Senate minority leader, for recognizing the complexity of the bill that is, I don't know how many pages. It is voluminous. And it is important.

Here it is. I don't know whether it has even had a hearing. It is 109 pages. It is controversial, to say the least. And there are many parts of this bill which I would be supporting. There is absolutely no doubt about it.

Mrs. FEINSTEIN. Will the Senator yield?

Mr. D'AMATO. However, we are linking the two together. By suggesting that in order to get this straightforward bill, this legislation that says no more drive-by mastectomies and that women will be guaranteed the right to have reconstructive surgery where there is a radical mastectomy, it is linking the two together. I think that is unfortunate. I might be willing to come and join my colleagues and battle for a date certain or to fight for hearings at least. I don't know whether we have had hearings. I don't think we have. I see Senator KENNEDY here.

But the point of the matter is that we are linking the two. We are saying we are not going to consider whether women should have that right. Where I don't believe there is one Senator here who feels they should not have, not one, why should we link the two, with one bill 109 pages, which 90 percent of the Members have not read, have not studied, have not gone through. Again, it is linkage, and therefore I am compelled to say that notwithstanding the good intents of my friend, it is linkage.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DASCHLE. Continuing to reserve the right to object, since my colleague from New York did now object to my counterproposal, I am flabbergasted. I am absolutely flabbergasted that the Senator from New York would say, since we have not seen action on our bill, we should take up his bill. And why are we taking up his bill under these circumstances? Because the Finance Committee has not acted. That is the reason. We are going to go around the Finance Committee to go straight to the floor, and he is saying we shouldn't go around the Labor Committee to go straight to the floor for the Patient Protection Act.

So let there not be any confusion here as to what is going on. Everyone ought to know this. This is as glaring as the lights themselves. Our Republican colleagues, for whatever reason, are denying the opportunity to consider a Patient Protection Act, today, tomorrow or any other day. And they are hiding behind the mastectomy bill to do it.

Well, let's not hide behind any legislation. Let's strip away all the rhetoric. They do not want to do it. They simply do not want to do it. I don't know why they don't want to do it, given that about 80 or 90 percent of the American people are demanding we do it, but they can explain it.

No one should be misled here. The problem is not that we are combining the two bills. I have just released them. There isn't any connection anymore. We will take up the Feinstein-D'Amato bill today and take up the Patient Protection Act in the next couple of months. Just let us take it up. That is all we are asking.

So, Mr. President, I am really astounded at that logic and that rationale. But I don't think anybody is misled here. They don't want to take up the patient protection legislation, and I am very disappointed, and I think the American people would be as well.

The PRESIDING OFFICER. The Senator from New York.

Mr. D'AMATO. Mr. President, let's look at this in perspective. I have asked staff has there been a hearing with respect to S. 1890, a bill that is over 100 pages, the complexities of which, everyone has to admit, go well beyond a very straightforward, very limited bill which we believe guarantees women a right that I don't think there is one person here who could object to, and that is, length of stay should be determined by the medical necessity of the procedure; and, second, that reconstructive surgery should be a woman's right. She should not have to go to appeal to some board or some insurance plan because ERISA prevents States from having legislation that would order this.

Let me say this. We have had a hearing on S. 249, and we have had two votes to attempt to get it. Senator FEINSTEIN, myself, and others—and I might say our bill has broad, bipartisan support. There is not one Member on the Patients' Bill of Rights from the Republican Party. You can say that you are not linking, you can say you are not blocking, but that is exactly what has happened. The women of America are being denied a right to something that they should have—that we should enact into law, and we should be proud, and all 100 Senators should come down and vote for this and sponsor this—because we want the Patients' Bill of Rights to be heard at a particular time and we are linking the two. That is exactly what is happening.

I could support various provisions in the Patients' Bill of Rights—the clinical trials. I think we should have them. I want to support them. But to say that we should deny the women of America an opportunity to be heard on this and to have a vote on this is counterproductive; it is wrong. It is a shame that the Senate operates in this manner.

But everyone has a right to be heard. Everyone has a right to make their objections. I think it is unfortunate. My friend and colleague from California, Senator FEINSTEIN, has been waiting very patiently. If I might—

Several Senators addressed the Chair.

Mr. DASCHLE. Mr. President, I think the unanimous-consent request is still pending. Reserving the right to object.

The PRESIDING OFFICER. The Democratic leader.

Mr. DASCHLE. Reserving the right to object, let me just say the Senator from New York has said on several occasions now that this has not been the subject of any hearings. The Labor Committee has dealt with this issue at more than seven hearings, hearings that have brought people in from around the country, talking about this particular problem and about how serious it is. There has been one meeting in the subcommittee of the Finance Committee on his bill.

So let's talk about hearings. Let's talk about the array of people who have come forth and said, ''Why are you waiting? Why aren't you moving ahead with this legislation?'' I don't have an answer to that. Our caucus is attempting to promote the opportunity for all people to be heard on this issue.

The Senator from New York also made mention of the fact that his bill deals with mastectomy, and it is a very