agents stuck their necks out to explain what is wrong with the FBI to Congress and the public. So far the Senate has ignored them, and their careers continue to be at risk.

I know all this might be embarrassing for the FBI, but stealing is wrong, especially from Ground Zero, and there has to be consequences. Heads have to roll. I think the FBI agents in the field around the country do a great job. I have found that the big FBI mistakes over the years usually come from headquarters, not from the grassroots.

In this case, it looks as if there are a few bad apples who did something wrong. And no one wanted to deal with it, so Agent Turner was obligated to blow the whistle. It was her sworn duty as a Federal law enforcement officer.

If we do not have the FBI reform bill, we will not have whistleblowers like Jane Turner and Coleen Rowley who expose these hidden problems that need to be fixed.

Without the bill, agents in the field will still think senior bureaucrats are held to a different standard, so morale suffers.

Without the bill, FBI internal security will not be the best it can be. That means the FBI will be more vulnerable and less effective, and that hurts national security.

This is not about politics. It is about improving the FBI and national security, and about making sure truth, fairness and justice prevail.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. THOMAS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

IRAQ

Mr. THOMAS. Mr. President, this morning I will make a few comments with regard to the issue that is generally before us and before the country, and that is, of course, where we go with regard to Iraq and Saddam Hussein.

The President did a great job last night. He made very appropriate comments at a very appropriate time. He has discussed in detail the threats we see in Iraq, the threats we see in terrorism, and he has talked about his solution.

There have been questions raised, and properly so, and the President last evening sought to answer those questions, as indeed I think he should.

Why do we need to contain this dictator? I think surely most people understand that. Why do we need to do it now? I suppose that may be one of the most difficult questions for some. Why are we waiting to have allies in the U.N.? Certainly most agree that is something we want. The President covered that very thoroughly, and indicated that is his goal.

Our loss of 3,000 innocent Americans on September 11 makes us aware of why we need to make some changes; that activity in the world has changed. A number of years ago the threats were of landing on barges, flying huge formations of airplanes, with divisions of armed men and women. Now it is not entirely safe, as we found out September 11. We suffer huge damages from one incident. That is difficult to control. Clearly we have a problem.

We must complete our discussion, move forward and make decisions. It is an issue important to everyone, as a Nation, and important to the world. We will be voting on a resolution soon. I suppose there will be amendments to the resolution. The House may or may not come up with the same resolution. Nevertheless, that is the role of the Senate. I hope we deal with it as quickly as we can.

It grants the authority of the President to do what he feels has to be done to deal with this issue. Today we understand the clear and present threat of terrorism being different than in the past. September 11 changed that. We see evidence of these threats around the world.

Our personal safety has changed, as well as our national security. We recognize that. I understand there is reason to debate this issue. People have different views. We need to discuss the commitment of the military in this world. The question of acting unilaterally is a difficult question. That is one alternative.

We need to offer leadership in the world to reduce the risk that exists. The administration has done an excellent job of getting the support of our allies. Not all have signed up. Not all have stood up and raised their hands. Many support what we do now, as in Afghanistan.

Obviously, people have different views. Some are politicized. Some are different, legitimate views. We have to identify what our role should be as a leader in the world. More importantly, we need to protect this country's freedom and protect the freedom of all citizens.

In England, Prime Minister Blair has stepped up. I am sure others will, as well. We need to continue to discuss it. Much of the discussion has already taken place and the decision is ready to be made. Is this a sufficient threat to cause us to commit ourselves? I think so. Should we work through the U.N. with our allies? Of course. That is what the President suggested last night. I heard a fellow Senator this morning saying we should not do anything until the U.N. authorizes it. I hope the U.N. does, and I hope the U.N. is there. They should be. On the other hand, I don't think we ought to be controlled by the U.N. If we find this has to be something we do, we must go ahead.

Our role is to disarm Saddam. Inspectors are an excellent way to do that. But we have to review policy to see they are unrestricted. However, getting inspectors in is not the goal. Disarmament is the goal. Inspectors may be a way to do that. We hope they are. There will be movement in the U.N. The President's talk last night will do a great deal to assist in that regard.

The resolution before the Senate provides for the necessary authority. It pertains to support of diplomatic efforts of the President to strictly enforce the United Nations Security Council resolutions that have been in place for 10 years. That is all we are asking.

We support, in this resolution, action by the Security Council to ensure Iraq abandons its strategy for delay and invasion. The authorization is included. The President is authorized to use the Armed Forces of the United States as he determines to be necessary and appropriate in order to defend the national security of the United States against the continuing threat posed by Iraq, and, number 2, enforce all relevant United Nations Security Council resolutions regarding Iraq. The President makes those determinations and reports to the Congress. He makes available to the Speaker of the House and the President pro tempore his determination that, number one, reliance by the United States on further diplomatic or peaceful means alone either will not adequately protect the national security or will not likely lead to the enforcement of those Security Council resolutions. It makes that determination, and, number 2, determines that acting pursuant to this resolution is consistent with the United States and other countries continuing to take necessary actions against international terrorists, terrorist organizations, including the nations, organizations, and persons planning and authorized to commit or aiding terrorists in the attacks that occurred on September 11.

It is pretty clear what needs to be done. It is appropriate to discuss this. We have discussed it sufficiently. I hope in the next day or two we can complete action. We need a little less talk and more action. The time has come to do that. It is our challenge. It is our responsibility. I hope we can do it in the next several days.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from New Mexico.

UNANIMOUS CONSENT REQUEST—S. 724

Mr. BINGAMAN. Mr. President, today, once again, I will rise for the purpose of asking unanimous consent to take up and pass S. 724. I will withhold doing that until Senator NICKLES is able to come to the floor. I understand he wishes to address the issue.

This is a subject I raised last week here in the Senate. S. 724 is the Mothers and Newborns Health Insurance Act of 2001. It was reported by the Senate Finance Committee unanimously in July. It is legislation which was introduced by Senators BOND and BREAUX and would simply give States the option of covering pregnant women in the State Children's Health Insurance Program, or the CHIP program, for the full range of pre- and postpartum care.

This legislation did pass out of the Senate Finance Committee by unanimous vote. It includes language we incorporated in an earlier bill, S. 1016, which was the Start Healthy, Stay Healthy Act of 2001 introduced by me and supported by Senators LUGAR, MCCAIN, CORZINE, LINCOLN, CHAFEE, MILLER, and LANDRIEU, and it provides children with continuous health care coverage throughout the first and most fragile year of life.

According to the Centers for Disease Control, the United States ranks 21st in the world in infant mortality and 26th in the world in maternal mortality. For a nation as wealthy as ours, these statistics are simply unacceptable.

Unfortunately, the regulation the administration issued last week to allow unborn children to be covered by the State Children's Health Insurance Program, or CHIP, leaves pregnant women out of that equation. That is contrary to the clinical guidelines of the American College of Obstetricians and Gynecologists. It is contrary to the guidelines of the American Academy of Pediatrics. Both organizations indicate that the woman and the unborn child need to be treated together.

If you are covering only the fetus, as this regulation that came out last week purports to do, this eliminates important aspects of coverage for women during all the stages of birth, pregnancy, delivery, and postpartum care. The various health services that pregnant women could be denied, without passage of this legislation, were elaborated on the Senate floor earlier. We need to do better by our Nation's mothers than we have done so far. This legislation will do that.

Let me also make it clear, though, that this bill is about children's health. Senator BOND's bill appropriately is called the Mothers and Newborns Health Insurance Act. It is given that title for a very good reason. We all know the importance of an infant's first year of life. Senator BOND's legislation, as amended in our committee, the Finance Committee, provides 12 months of continuous coverage for children after they are born.

Again, the United States ranks 21st in the world in infant mortality. We need to do a better job by our Nation's newborn infants just as we need to do a better job by our Nation's mothers. The rule that was passed last week does provide an option for 12 months continuous enrollment to States, but it makes the time for that 12 months retroactive to the period that the child was in the womb. Therefore, if 9 months of pregnancy were covered, the child would lose coverage in the third month after birth. Potentially lost would be a number of well-baby visits, immunizations, and access to pediatric caregivers.

This legislation, S. 724, which was introduced by Senator BOND, has a large number of bipartisan cosponsors. Senator DASCHLE is a cosponsor. Senator LOTT is a cosponsor. Many others of my colleagues are cosponsors.

Last Wednesday, we tried to pass S. 724 and objections were raised. Senator NICKLES asked a number of questions, and Senator LINCOLN and I prepared some detailed responses. We made several points in those responses. Let me just summarize those.

First, with regard to the cost of this legislation, the bill is almost entirely offset over the first 5 years it would be in existence, and it actually saves money over the 10-year period.

With regard to whether the administration supports the bill, Secretary Thompson has repeatedly expressed support for passage of legislation, including specifically mentioning support for S. 724 and companion legislation in the House. He has done that on two occasions.

With regard to whether the regulation eliminates the need for legislation, the regulation itself notes that it leaves many gaps in coverage that the rule creates, including denials of care for pregnant women through pregnancy, through delivery, and through postpartum care.

With regard to the burden this bill could place on States, the legislation would simply allow States the option to expand coverage to pregnant women through the CHIP program, or not to expand that coverage, as they choose. States that do not wish to expand coverage would not be compelled to do so. The National Governors Association believes all States should have that option. Therefore, the NGA has specific policy in support of expanding options to cover pregnant women through this CHIP program.

I ask unanimous consent to have printed in the RECORD the more detailed response Senator LINCOLN and I sent to Senator NICKLES with respect to the objections and questions he raised on the floor last Wednesday.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. SENATE,
Washington, DC, October 4, 2002.

Hon. DON NICKLES,
Assistant Minority Leader,
Capitol, Washington, DC.

DEAR SENATOR NICKLES: On Wednesday, October 2, 2002, we tried to pass by unanimous consent bipartisan legislation by Senators Bond and Breaux, the ''Mothers and Newborns Health Insurance Act'' (S. 724), which passed the Senate Finance Committee in July by unanimous consent. The legislation has a number of bipartisan cosponsors, including Senators Daschle and Lott.

We were unable to proceed with passage of this important legislation to cover pregnant women due to the objection you raised, which, you stated, were based on questions you wanted answered prior to passage. Through this letter and attachment, we have addressed all the issues that you raised. Therefore, we will once again ask for unanimous consent to proceed to passage next week, and we hope we can count on your support.

Thank you for your immediate consideration. The health of many of our nation's mothers and children await this important action by the Senate.

Sincerely,

JEFF BINGAMAN.
BLANCHE L. LINCOLN.

Attachment.

QUESTIONS AND ANSWERS ABOUT S. 724

Question. How much does the bill cost and what is the offset?

The CBO estimate of the pregnant women bill was $611 million over five years and $1.08 billion over 10 years prior to the issuance of the rule. The legislation also uses SSI pre-effectuation reviews as the offset, with a savings of $279 million over 5 years and $1.34 billion over 10 years. Over ten years, there is a net savings to the passage of this legislation.

However, according to the Administration, the cost of their rule is $330 million between fiscal years 2003 and 2007. With that taken into account, the cost of passage of pregnant women coverage would drop to $281 million over five years. As a result, the overall net cost of the bill would be almost nothing over five years and would save money over the 10-year period.

Question. . . . It's just my understanding that Secretary Thompson has promulgated a reg[ulation] which I believe he thinks satisfies a lot of the unmet health care needs of children, including unborn children, and . . . so he supports the reg[ulation] that he's promulgated and is now effective and does not support the legislation which goes far beyond the reg[ulation] that he's just promulgated . . . Maybe he did make a statement that was supportive in March but he may well feel like that was accomplished in the reg[ulation].

Department of Health and Human Services (HHS) Secretary Tommy Thompson has stated repeatedly his support for the passage of legislation to allow states the option to cover the full range of health services to pregnant women through the State Children's Health Insurance Program (SCHIP), and specifically mentioned S. 724 on at least one occasion.

In a statement issued on January 31, 2002, Secretary Thompson praised Senators Bond, Breaux and Collins for ''bipartisan leadership in supporting S. 724, a bill that would allow states to provide prenatal coverage for low-income women through the SCHIP program. We support this legislative effort in this Congress.''

In testimony before the Senate Finance Committee on February 14, 2002, Secretary Thompson expressed support for legislation expanding coverage to pregnant women rather than states having to seek waivers.

In testimony before the House Labor-HHS Appropriations Subcommittee on March 6, 2002, Secretary Thompson said, ''And so, if you can pass the bill [the House companion bill to S. 724 introduced by Representatives Hyde and Lowey], we don't need the rule.'' He added, ''Let's pass the legislation.''

In a letter to Senator Bingaman dated April 12, 2002, Secretary Thompson wrote:

''Prenatal care for women and their babies is a crucial part of medical care. These services can be a vital, life-long determinant of health, and we should do everything we can

to make this care available for all pregnant women. It is one of the most important investments we can make for the long-term good health of our nation.

''As I testified recently at a hearing held by the Health Subcommittee of the House Energy and Commerce Committee, I also support legislation to expand SCHIP to cover pregnant women. However, because legislation has not moved and because of the importance of prenatal care, I felt it was important to take this action [of issuing regulations].''

Repeatedly, Secretary Thompson has expressed support for legislation over the past year. As to whether he now thinks the rule eliminates the need for legislation, it is important to note that HHS issued a waiver on September 27, 2002, to Colorado requested by Republican Governor Bill Owens to cover pregnant women through SCHIP. The Colorado waiver was issued on the same day the Secretary issued a press release on the rule to allow coverage to ''unborn children'' through SCHIP. As Secretary Thompson is quoted, ''Approved this waiver means that thousands of uninsured women and their babies will be able to get health care coverage.'' This is the third wavier granted by Secretary Thompson to cover not just ''unborn children'' but pregnant women, as previous waivers were given to Rhode Island and New Jersey. Clearly, the Republic Governor of Colorado did not think the rule fully covered their desire to provide coverage to pregnant women.

HHS acknowledges in the regulation that the rule covering ''unborn children'' does not fully cover pregnant women and is in lieu of legislation being passed by Congress to provide care to pregnant women. The regulation also acknowledges that despite the rule that ''there are still gaps'' and that waivers are not a fully acceptable way to address them. As the rule reads:

''This regulation bridges a gap in eligibility between the Medicaid and the SCHIP programs that has now existed for five years. Members of the Congress have also recognized this gap and have introduced various pieces of legislation over the years to address this gap. The opportunity to expand vital health insurance coverage during a critical time is at hand.

''We welcome all of these suggestions for expanding health insurance coverage and indeed States and the Secretary have already used the flexibility in current regulations. However, there are still gaps. We also welcome support for the actions of the Secretary in granting waivers to States . . . But the Secretary's ability to intervene through one mechanism (a wavier) should not be the sole option for States and may in fact be an inferior option. Waivers are discretionary on the part of the Secretary and time limited while State plan amendments are permanent, and are subject to allotment neutrality.''

The rule explains what gaps still exist. For example, the rule highlights what cannot be covered for women via care to ''unborn children.'' If you only are covering the fetus, this eliminates important aspects of coverage for pregnant women during all the stages of a birth—pregnancy, delivery, and postpartum care. Among other things, pregnant women would not be covered during their pregnancy for cancer, medical emergencies, accidents, broken bones, or mental illness. Even life-saving surgery for a mother would appear to be denied coverage.

Further, during delivery, coverage for epidurals is a state option and is justified only if the health of the child is affected. On the other hand, anesthesia is covered for Caesarean sections. The rule would wrongly push women and providers toward performing C-sections to ensure coverage.

And finally, during the postpartum period, women would be denied all health coverage from the moment the child is born. Important care and treatment, including but not limited to the treatment of hemorrhage, infection, episiotomy repair, C-section repair, family planning counseling, treatment of complications after delivery (including, once again, life-saving surgery), and postpartum depression would not be covered.

Question. I'm also going to check with the states, because I also believe this is an expansion of Medicaid, which I know my state is struggling to pay. As a matter of fact, actually reducing payments in some cases in Medicaid because they just don't have the budget. And, our state health director . . . has told us don't increase any new expansions on Medicaid because we can't afford it . . . Pregnant women [are eligible for Medicaid] with incomes less than 185% of poverty . . . and I believe this legislation would take that up to 300%. So, it would make many more people eligible for Medicaid which would also increase the costs to the states, which some states can't afford it.

The legislation provides for an expansion of coverage for pregnant women, at a state option, through the State Children's Health Insurance Program (SCHIP).

As the Committee report (Senate Report 107–233) reads:

''The Committee bill allows states to cover additional pregnant women under SCHIP. The SCHIP expansion group includes pregnant women with family income above the state's Medicaid financial eligibility standard for pregnant women in effect on January 1, 2002, up to the income eligibility for SCHIP children in effect as of January 1, 2002 . . .

''Current federal law enables low-income pregnant women to receive coverage under SCHIP through age 18, but it does not provide such coverage to women ages 19 and above. While states have the ability to add SCHIP coverage for pregnant women over age 18 through Section 1115 waivers, states find this process to be both time-consuming and administratively burdensome. The Committee bill allows states to cover pregnant women through the simpler state plan amendment process. The committee bill also eliminates the disparity in coverage levels between pregnant women and infants that has been created through SCHIP, enabling both mothers and their newborn children to immediately receive health coverage under the program.''

According to the Congressional Research Service (CRS), 38 states and the District of Columbia provide coverage up to 200% of poverty or less. States cannot exceed those levels of coverage through SCHIP beyond the levels of poverty covered for children.

Also, if a state cannot afford an expansion of coverage to additional pregnant women, they do not have to. It is a state option. However, it allows those states that choose to expand coverage to pregnant women to do so without having to seek a waiver, just as the regulation has done for ''unborn children.''

As a result, there is strong support for this legislation from the National Governors' Association. Their policy position (H.R.–15. ''The State Children's Health Insurance Program (S–CHIP) Policy'') expresses strong support for passage of such legislation. As it reads:

''The Governors have a long tradition of expanding coverage options for pregnant women through the Medicaid program. However, pregnant women in working families are not eligible for SCHIP coverage. The Governors call on Congress to create a state option that would allow states to provide health coverage to income-eligible pregnant women under SCHIP. This small shift in federal policy would allow states to provide critical prenatal care and would increase the likelihood that children born to SCHIP mothers would have a healthy start.''

States are partners with the federal government in Medicaid and SCHIP. They are asking for additional state flexibility in coverage options here that should be granted by the passage of S. 724. The ''Mothers and Newborns Health Insurance Act of 2002.''

Mr. BINGAMAN. Mr. President, again, at the appropriate time, once Senator NICKLES has arrived in the Chamber, I will rise once again to seek unanimous consent that we be allowed to bring up and pass S. 724, as passed out of the Finance Committee.

Mr. President, I am informed Senator NICKLES will not be able to come to the floor in the near future. Therefore, I will go ahead and make the unanimous consent request at this time.

I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 541, S. 724; that the committee substitute be agreed to, the bill be read a third time and passed, the title amendment be agreed to, the motions to reconsider be laid on the table, with no intervening action or debate, and that any statements related to the bill be printed in the RECORD.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. THOMAS. Mr. President, on behalf of several of our Members who want to talk, I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. BINGAMAN. Mr. President, I see my colleague from New Jersey is here to speak. He has been a strong supporter of this legislation from the time it was first introduced. I will yield the floor at this time so he may speak.

The ACTING PRESIDENT pro tempore. The Senator from New Jersey.

Mr. CORZINE. Mr. President, I, too, rise in support of the efforts about which Senator BINGAMAN was speaking. Senator BOND, Senator LINCOLN, and the Presiding Officer have also been supportive of working to expand the access to prenatal care for pregnant women. I thank all those involved for efforts to pass this legislation.

I have to say I am disappointed we are not able to get this unanimous consent, given the overwhelming support in the Finance Committee. There was unanimous passage there of all the elements Senator BINGAMAN just spoke about with regard to funding. I will speak to it a bit myself.

But this is something that, given our record as a nation, being 21st in the world with regard to deaths of children at birth, just is hard to understand—why we are not taking the steps to address this fact and give those States the flexibility to deal with it.

As I said, I am pleased the Finance Committee unanimously passed the legislation, S. 724, which includes, as the Senator from New Mexico mentioned, the major provisions of legislation we introduced about 18 months

ago called Start Healthy, Stay Healthy. Many of us have been supportive of that legislation.

The bipartisan bill, as it now stands, seeks to expand pregnancy-related care to low-income women who fall above Medicaid eligibility levels. Under this bill, pregnant women would be eligible for the full spectrum of prenatal and postpartum care, as recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

Unfortunately, what many of us believe is noncontroversial legislation is being held up for reasons of which I am not completely certain. There were a number of questions raised last week by the Senator from Oklahoma which have been answered in detail in a letter about which the Senator from New Mexico spoke. But the main objection is that it somehow contradicts a rule published by the Bush administration to expand health insurance to unborn children but not to pregnant women.

Actually, many of us believe this legislation complements the administration's rule and will result in pregnant women receiving more comprehensive pre- and postnatal care, which will clearly result in healthier births and give newborns a better start in life.

Furthermore, S. 724, as amended, guarantees health coverage to children born to eligible women until age 1 regardless of income eligibility. The administration's rule would only guarantee that health care for 3 months of their lives. So we think it does an outstanding job of broadening the coverage to make sure that kids really do start healthy and that they will stay healthy as they go forward in their lives.

The administration has stated that the goal of its new rule is to increase a woman's access to prenatal care. I think all of us applaud that. I certainly do. Why, then, is the woman explicitly left out of that rule? For example, under the administration's rule, it is uncertain whether pregnant women will be offered treatment for ailments that may not be directly related to pregnancy.

For instance, under the administration's rule, a pregnant woman would not be eligible to receive care for cancer, diabetes, medical emergencies, accidents, broken bones, or mental illness. It is also unclear whether or not a woman would be provided certain types of care during delivery. In order to have an epidural covered, for instance, a doctor would have to certify that it was in the best interest of the fetus.

Finally, the rule provides for absolutely no postpregnancy care. Treatment of postpartum complications, including hemorrhaging, infection, and postpartum depression, would be inaccessible to the mother.

These things are hard to put in the context of what is the desire of, I think, most of us to see that there is a good continuum, a good start for our children. I think there are some conflicts that are put in place by the regulations that would be very hard to enforce and could be endangering to both the child and certainly to the mother's health. I think they do not meet the commonsense test.

It contradicts also ACOG's standard of care, which views pregnancy-related care as including prenatal, labor and delivery, and postpartum care. Second, surely we can agree that neglecting the mother's health is not the best way to give a newborn a healthy start in life.

If the administration and Members of Congress are serious about providing meaningful health care to pregnant women and their children, I believe we should support passage of the bipartisan initiative, S. 724. This legislation gives the States the option to enroll low-income pregnant women into their CHIP programs, a proposal that HHS Secretary Thompson has endorsed verbally and in writing many times, which is indicated in the letter Senator BINGAMAN has forwarded to Senator Nickles.

This legislation will provide for all of the care related to the fetus outlined under the administration's rule, but it will also provide full access to prenatal and postpartum health care, other essential health care for pregnant women, and 1 year of continuous coverage for newborns.

Let me be clear, States will still have the option of expanding care to fetuses under the administration's rule. But by passing this legislation, we would also give the States the option of expanding care to pregnant women along the lines of what I talked about earlier.

My own State of New Jersey has already received a waiver from HHS, and a number of other States have; a number are applying. It is actually a very complicated and onerous process to get these waiver procedures in place. I think we ought to make it legislatively appropriate, statutorily appropriate, for all States, so they have the choice of moving in this direction if they so choose.

Every week in our country 8,500 children are born to mothers who lack access to prenatal care. This is one of those areas where insurance coverage can actually be provided and make a big difference, so we do not end up paying more for health care for children who are brought into the world in poor health conditions, who then end up costing society even more because they have had poor prenatal care. Every day we wait to pass this legislation, more children will be born with serious health problems because their mothers cannot afford health care.

I hope we can address this issue. There is strong bipartisan support. I think it is time to move. I very strongly support the efforts of all my colleagues who are pushing for S. 724 and hope we can put the politics aside and vote today to pass this important legislation.

Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mrs. LINCOLN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mrs. LINCOLN. Mr. President, I rise today to speak again on the importance of passing S. 724, the Mothers and Newborns Health Insurance Act, as soon as possible. It is beyond me why in the world we cannot move forward on such a practical piece of legislation. This bill will make a real difference in the health of thousands of low-income women and their babies across our great Nation, not to mention the money it is going to save this Nation, because we all know that for every $1 we invest in prenatal care, we save anywhere from $5 to $6 down the road. It is not only compassionate and good policy, it is also good economics.

Last Wednesday, Senator BINGAMAN asked for unanimous consent to pass this bipartisan bill, but Senator NICKLES from Oklahoma objected. Since then, Senator BINGAMAN and I have sent Senator NICKLES a letter answering the questions he had about this particular legislation.

It is so important Members understand how critically important this piece of legislation is, and that these questions can be answered. With those questions answered, it is my hope that we can pass S. 724 today.

This bill, which we unanimously approved in the Finance Committee, gives States the option. They can simply take the option, if they choose, of covering pregnant women under the State's Children's Health Insurance program. Most importantly, the bill allows coverage for prenatal care, delivery, and postpartum care. These are all complete parts of delivering healthy children. It is not just one opportunity to care for a fetus that is being carried by a woman; it is, more importantly, the opportunity to bring that child into the world healthy. We all know to do that, we must look at the health of the mother in a prenatal situation. We have to look at the delivery, and we also have to look at the postpartum care, which is essential for women to care for and maintain healthy children.

I am so pleased we are joined on the floor by some of our colleagues who work so hard to improve the health of women and children: Senator CORZINE, Senators LANDRIEU and CLINTON are leaders in this area. I am glad they have all been here or will be here to speak. I understand Senator MIKULSKI, Senator FEINSTEIN, and Senator LUGAR have submitted statements for their support of S. 724.

Some of us talk a lot about the importance of process in the Senate. Sometimes it does not translate to our colleagues or friends and constituents out there in the greater part of our Nation. Some of us complain when bills

do not go through the regular process of committee markups and on to the Senate floor. When we are talking about such an important issue, people do understand, when the Senate does not act on something that is this critical to the well-being of their life, particularly to the health of their children.

This bill went through the classic Senate process, as is described in Government textbooks. As Senators BINGAMAN, BOND, and I discussed last week, S. 724 unanimously passed the Finance Committee and is now on the legislative calendar under general orders. Even better, it has strong bipartisan support. Both the majority leader and minority leader have cosponsored it. That is because the idea of ensuring a healthy start in life is a sound policy, it is good fiscal policy, and it is not a partisan issue. I have no earthly idea why we are trying to make it one. If we really care about life, the Senate needs to pass this commonsense bill.

I want to make an important point about the necessity of S. 724 in light of the administration's regulation that provides CHIP coverage to unborn fetuses. This regulation fails to cover the full range of medical services needed by a woman during and after pregnancy. Simply put, it flies in the face of the Guidelines for Prenatal Care Fourth Edition, established by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, guidelines that are used by doctors all across our country.

Under the regulation, doctors will not be reimbursed for providing care they are ethically obligated to provide. In the modern practice of obstetrics, postpartum care is absolutely a critical part of the overall care and the treatment the women receive prenatally and during labor and delivery. Postpartum care is essential for any of us who have gone through pregnancies and who have been so blessed to have had good prenatal care, who have seen what it can do in the delivery room, by providing the ability to go through a healthy delivery, and then, when you come out of that delivery, to be blessed and fortunate enough to go home within 2 days with your children because you have had good care. It is so common sense.

It is so positive for everybody concerned: The taxpayers who may be paying the tax bill or the medical bills, for the individual who wants to get off to the right start, the mother who wants to get off to the right start, the child who needs to get off to a healthy start.

We have learned so much about early development in children and what it means later on in life in their ability to succeed and learn, how critical it is they not be in that neonatal unit, but that they can be born healthy, and they can all go home together to start that life off correctly.

We have an opportunity to make a difference in each and every newborn life. There is no excuse that we should not move quickly. With rising medical malpractice rates, particularly for obstetricians and gynecologists, these doctors may simply decide to stop serving CHIP patients. This regulation may become another disincentive for doctors to participate in programs serving our low-income population.

Failing to pass S. 724 leaves doctors choosing between following clinical guidelines which we know, through research, is the most proper care women need; they have to choose between following these clinical guidelines they know and trust or getting paid. These decisions will be especially hard for doctors who serve high-risk women, given the fact postpartum care is even more critical for women who have preexisting medical conditions such as diabetes or hypertension—any of these.

Under the President's order, these women wouldn't get care. They could only care for the unborn fetus they are carrying. It makes no sense whatsoever that the pregnant woman could not even get the care she needed, and the doctor, if giving it ethically, cannot even be reimbursed.

This bill does not overturn the administration's regulation. It simply complements it. It makes the regulation better. It clarifies that doctors will get reimbursed for the clinical care they provide, and it will ensure pregnant women get the full scope of medical care they need.

S. 724 is supported by 25 national organizations, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the March of Dimes. Each of these organizations has expressed serious concern with the administration's regulation, and believes this bill is better.

I ask unanimous consent that a complete list of the organizations be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Organizations supporting S. 24:
American Association of University Affiliated Programs;
American Academy of Pediatrics;
American College of Nurse Midwives;
American College of Obstetricians & Gynecologists;
American College of Osteopathic Pediatricians;
American Hospital Association;
American Medical Association;
American Osteopathic Association;
American Public Health Association;
Association of Women's Health, Obstetric and Neonatal Nurses;
Association of Maternal and Child Health Programs;
Catholic Health Association;
Council of Women's & Infants' Specialty Hospitals;
Easter Seals;
Family Voices;
Greater New York Hospital Association;
March of Dimes;
National Association of Children's Hospitals;
National Association of Public Hospitals & Health Systems;
National Women's Health Network;
National Association of County & City Health Officials;
Society for Maternal-Fetal Medicine;
Spina Bifida Association of America;
The Alan Guttmacher Institute;
United Cerebral Palsy Associations.

Ms. LINCOLN. Mr. President, I thank my colleagues who have joined me. In the last few days of the session, let us prove to the American people we in the Senate do understand what goes on in their everyday lives, we do care, and we can act in ways that will actually make a difference in their lives; that we won't sit here and talk about process.

This bill has been through every piece of process there is. Let us come together in a partisan way and move forward at least this piece of legislation that will make a difference in not only a child's life, a woman's life, an entire family's life, a community's life, but in this Nation's success.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Louisiana.

Ms. LANDRIEU. Mr. President, I understand several of my colleagues have come to the floor to speak in favor of this piece of legislation Senator LINCOLN is championing so well and appropriately. I rise to take a moment to add my words of support for this very important measure.

I understand the Senator from Missouri will be following me, if possible.

Last year in Louisiana, there were about 67,000 children born. If you think about a medium-sized town, that is like a medium-sized town born every year.

The ACTING PRESIDENT pro tempore. The time of the majority has expired.

Ms. LANDRIEU. Mr. President, I ask unanimous consent for 2 minutes.

Mr. REID. Mr. President, that is fine, as long as the minority gets an extra 2 minutes.

Mr. BOND. Reserving the right to object, I did not hear that.

Mr. REID. I said as long as the minority gets an extra 2 minutes.

Mr. BOND. I appreciate that.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Ms. LANDRIEU. Mr. President, 67,000 babies were born in Louisiana last year. It would be most certainly in the interest not only of those particular children and those particular families but the community that reaches out, in the broader sense, to the people of our Nation to make sure those new babies, and their moms who are delivering them, are coming into the world in the healthiest way possible. Not only does that help us across the board in health issues, it helps us because then we are better able to educate those children because they have been born in a healthy manner, we are more able to reach out and prevent all sorts of illnesses and diseases and mental health problems, and save the taxpayers of this country billions of dollars.

So the Senator from Arkansas is so right. The rule proposed in the House falls short. Let us pass this bill that encompasses the health of children and their mothers and give them the prenatal care they need to get these children born healthy for their own benefit and for the benefit of the taxpayers in our Nation.

I thank the Senator from Missouri for his strong leadership on this issue as well.

I yield the floor.

The PRESIDING OFFICER (Ms. LANDRIEU). The Senator from Missouri is recognized.

Mr. BOND. Mr. President, I thank my colleagues for giving me the opportunity to rise today in support of the unanimous consent request to consider and pass S. 724, the Mothers and Newborns Health Insurance Act of 2001. I believe the bill is essential to the health care of children and pregnant women in America. Thus, I am proud to be an original sponsor of the legislation with Senator BREAUX and Senator COLLINS.

The goal of the legislation is quite simple: To make sure more pregnant women and more children are covered by health insurance so they have access to the health care services they need to be healthy.

This legislation would simply give the States the option and flexibility to cover low-income pregnant women in the State Children's Health Insurance program, which we call SCHIP, for the full range of necessary prenatal, delivery, and postpartum care.

Let me reiterate, this is a choice for the States, should they choose to exercise it. No State, under this bill, is required, or forced, to expand coverage to additional pregnant women. This bill merely provides States the option.

This bill will complement the administration's final rule that allows States to expand SCHIP coverage to an ''unborn child'' by covering additional vital health care services for the pregnant mother that the rule, unfortunately, does not cover.

The rule attempts to treat the unborn child without treating the mother. This approach is in direct conflict with the clinical guidelines set forth by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, which state a pregnant woman and the ''unborn child'' must be treated together. It certainly makes common sense to a layperson, but there is a professional opinion that the two cannot be treated separately.

It is simply counterintuitive to deny coverage for disease management, medical emergencies, accidents, broken bones, mental illness, or surgeries for the mother during pregnancy. Failure to treat the mother in such circumstances will have a direct and profound effect on the health and development of her unborn child.

In addition, under the rule, during delivery, coverage for epidurals is a State option and is justified only if the health of the child is affected. On the other hand, anaesthesia is covered for Caesarean sections. The rule would wrongly push women and providers toward performing more C-sections to ensure coverage for epidurals—a choice which is more expensive and, in most cases, a much harder road to recovery for the mother.

Finally, after delivery, women would be denied all health coverage from the moment the child is born. Important care and treatment, including the treatment of hemorrhage, infection, episiotomy repair, C-section repair, and the treatment of complications after delivery would not be covered.

This bill will work hand in hand with the administration's rule by giving States the flexibility and option to treat the mother and child together and provide the full range of necessary prenatal, delivery, and postpartum care—care which is essential to the health and well-being of both the mother and the baby.

No health care program that ignores this fact can fully address the issue of children's health care. This bill will eliminate the illogical disconnect between pregnant women and babies.

This bill has strong bipartisan support in both the Senate and the House, as well as the endorsement of the National Governors Association and 25 other national organizations, including the March of Dimes, American Academy of Pediatrics, American Public Health Association, National Association of Children's Hospitals, American College of Obstetricians and Gynecologists, and the Catholic Health Association.

In addition, Secretary Thompson, in the past, has voiced his strong support for this legislation.

In fact, in a January 31, 2002, press release on the administration's rule, Secretary Thompson congratulated Senators for ''bipartisan leadership in supporting S. 724, a bill that would allow States to provide prenatal coverage for low-income women through the SCHIP program.'' He went on to say, ''We support this legislative effort in Congress.''

All women need prenatal care. Young or old, first baby or fifth, all mothers-to-be benefit from regular care during pregnancy.

Studies have shown that an uninsured pregnant woman is much less likely to get critical prenatal care that reduces the risk of health problems for both the woman and the child. Babies whose mothers receive no prenatal care or late prenatal care are at-risk for many health problems, including birth defects, premature births, and low birth-weight.

We know prenatal care improves birth outcomes and can save money. According to the National Center for Health Statistics, infants born to mothers who receive no prenatal care or late prenatal care are nearly twice as likely to be low birth weight.

Moreover, low birth weight and preterm births are one of the most expensive reasons for a hospital stay in the United States with hospital charges averaging $50,000—an especially serious financial issue for families without health insurance.

A report by the IOM entitled Health is a Family Matter notes, ''Infants of uninsured women are more likely to die than are those of insured women. In one region of West Virginia, the fetal death rate dropped from 35.4 to 7.0 per 1,000 live births after introduction of a prenatal care program for the uninsured.''

In addition to ensuring better health outcomes, research and state experience suggests that covering pregnant women is a highly successful outreach mechanism for enrolling children.

I thank Senator BINGAMAN for his leadership in the Finance Committee on this issue. With his help, this bill passed the Finance Committee in the beginning of August by unanimous consent.

Madam President, studies have shown time and time again that babies born to mothers receiving late or no prenatal care are more likely to face complications—which results in hospitalization, expensive medical treatments and ultimately increased costs to public programs. We must close the gap in coverage between pregnant mothers and their children to improve the health of both and to address more fully the issue of children's healthcare.

This is crucial legislation, and urge my colleagues to join me in support of it so that we can pass this bill.

I yield the floor.

Mrs. FEINSTEIN. Mr. President, I rise today to voice my support for immediate passage of the Mothers and Newborns Health Insurance Act of 2001, as reported by the Senate Finance Committee in July.

This important legislation would simply give States the option to provide health insurance coverage to pregnant women under the State Children's Health Insurance Program. Such coverage would include the full range of care, both during pregnancy and postpartum.

This means that a pregnant women would have access to epidurals during the birthing process and any health-related services necessary postpartum. It also means that a pregnant women who has other health conditions, such as diabetes or high blood pressure, would be able to receive treatment for such disorders. Even life saving surgery for a pregnant woman appears to be not covered under the propose rule.

Keeping the mother healthy is not only in her best interest, but clearly in the best interest of the child. Providing a mother with access to health care services could help ensure that her child will have the opportunity to be raised by a healthy mother who will hopefully live a long life.

Additionally, providing the mother with access to health care services during pregnancy could also help eliminate complications during childbirth

and postpartum. This could potentially cut down on health care costs.

Passage of this legislation is particularly important since last week the administration issued a final proposed rule that would give States the option to provide health insurance through SCHIP to a fetus. No mention is made of providing the same coverage to the woman carrying the fetus. Woman are completely left out of the equation. It simply makes no sense to issue a regulation that provides for health insurance for a fetus but not the woman preparing to give birth. In my mind, it makes more sense to simply expand access to prenatal and postpartum care.

In a country as prosperous as the United States, it is disturbing that we still rank 26th in the world in maternal mortality. This could all be avoided if we only did a better job of ensuring that all pregnant women, regardless of their income or status, had access to the full-range of health care services throughout the continuum of their pregnancy.

Currently under SCHIP, only women under the age of 19 are covered for pregnancy-related services. However, what happens to a woman who turns 20 halfway through her pregnancy? A 20-year old woman would not be able to access the same services under current law but would certainly need access to prenatal and postpartum care to ensure a safe pregnancy and maximize the chances of giving birth to a healthy child. This legislation would eliminate this discrepancy.

States can currently apply for a waiver to provide coverage to pregnant women. Many States have applied for such a waiver. The waiver process is often burdensome and timely. Why not just give all States the option to provide such coverage?

HHS Secretary Thompson himself said on March 6, 2002, before the House Labor-HHS Appropriations Subcommittee: ''And so, if you can pass the bill, we don't need the rule. Let's pass the legislation.''

I echo Secretary Thompson's sentiment. In the remaining days of Congress, let's pass this commonsense legislation. It is a good investment. It will help protect our Nation's pregnant women by providing them with access to vital health care services, and will help ensure that our Nation's children are born to healthy mothers who have been given the foundation necessary to lead a long and healthy life.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, morning business is now closed.

AUTHORIZATION OF THE USE OF UNITED STATES ARMED FORCES AGAINST IRAQ

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of S.J. Res. 45, which the clerk will report.

The assistant legislative clerk read as follows:

A Joint Resolution (S.J. Res. 45) to authorize the use of United States Armed Forces against Iraq.

The PRESIDING OFFICER. The Senator from Connecticut is recognized.

Mr. LIEBERMAN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. LIEBERMAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LIEBERMAN. I thank the Chair.

Madam President, in a short while, on behalf of a number of colleagues, particularly Senators WARNER, BAYH, MCCAIN, and myself—and I am happy to note the occupant of the Chair, the junior Senator from Louisiana is also a cosponsor with us—we are going to be offering a substitute to the pending business to authorize the use of United States Armed Forces against Iraq.

This is, obviously, a momentous decision. The debate has begun in this Chamber over the last few days. I have watched a lot of it with great interest. It has been carried on with the tone of seriousness and purpose the matter requires. This debate will continue in earnest over the next few days as we, each in our own way, facing our own conscience, considering our values, our sense of history, our understanding of the threat posed by Iraq under Saddam Hussein, will reach a conclusion.

Senators WARNER, BAYH, MCCAIN, and I have reached a conclusion in submitting the resolution. I say for the record this resolution is the result of an open and spirited process of discussion and negotiation between the President of the United States and Members of both parties in both Houses.

The result is a resolution that, in its preamble, states the case against Saddam, the case of the ambitions this brutal dictator has to gain hegemonic control over the Arab world and the oil there; the extraordinary acts of brutality he has committed himself and directed others to commit against his own Iraqi people; his invasions of his neighbors, Iran and Kuwait, which is evidence, prior to the gulf war, of the long-held belief that he has had which is fundamental to the Baath party, which he heads, of rising to dominate the region as a modern-day Saladin and all that it contains.

The resolution records the allied efforts in the gulf war which were triumphant, and the resolutions of the United Nations that followed thereafter as part of the promises Saddam Hussein made to end the gulf war, the most significant of which was to disarm and to allow United Nations inspectors in to guarantee the world that disarmament would occur.

I talked to someone who was in our Government at that time, and they said the presumption was disarmament would occur rapidly and that inspectors might be necessary just to make sure there was not, over time, an attempt to rearm. Of course, it is 11 years after the gulf war ended, and disarmament has never occurred. The United Nations resolutions have been violated repeatedly, and ultimately the inspectors were thrown out in 1998. All of this, and more, is recorded in the preamble section of the resolution we will offer.

Also recorded is the effort the Bush administration is making now to finally convince the United Nations to act, to prove its resolutions are worth more than the paper on which they are printed; that the United Nations Security Council will act to enforce its resolutions, to protect the world from the unique threat represented by Saddam Hussein, an ideology which calls on him to spread out and dominate his region, weapons of mass destruction he has used not once but repeatedly against the Kurdish people who are Iraqi citizens, and against the Iranians in war and his support of terrorism.

There are only seven nations in the world our own State Department lists as state sponsors of terrorism.

Iraq is one of those, and it has supported terrorist groups that have killed Americans. This is a unique circumstance. At different times I know our colleagues have asked: What about the other countries that are on the list of state sponsors of terrorism? What about other nations that have weapons of mass destruction? What about other nations that have aggressive ambitions? Well, there are such nations, but there is no one other nation that brings as much poison and evil intent together and, in that sense, so threatens the United States of America as Iraq.

This resolution, which again is the process of bipartisan and bicameral negotiation with the White House, is explicit. It has taken some clauses out of the original White House proposal and has added some others, but in its most operative sections it says this Congress of the United States authorizes the President to use the Armed Forces of the United States to defend the national security of the United States against the continuing threat posed by Iraq and enforce all relevant United Nations Security Council resolutions regarding Iraq.

There are those who ask: Why now? What is the urgency? My own response, as the President of the United States declared most recently, last night, is: Why not earlier? Why not over the course of the last decade, when Saddam Hussein, to our knowledge, continued to build up his weapons of mass destruction and the most dangerous and threatening means to deliver them on targets near and far, constantly ignoring and violating resolutions of the United Nations, growing more ominous a threat to his neighbors and to the world?