

and the American Child" is really a call to action. It shows so dramatically why this bill we are debating today is important, and why we must set partisan rhetoric aside to get this legislation passed and enacted.

#### NATIONAL MISSILE DEFENSE ACT

Mr. COCHRAN. Mr. President, on March 17, of this year the Senate passed S. 257, the National Missile Defense Act of 1999, by a vote of 97-3. Subsequently, the House adopted as H.R. 4 a different version of the legislation, and today the House has agreed to the substance of the Senate bill. No further action is required on the bill, and it now goes to the President for his signature.

After many years of debate, Congress has passed legislation stating the national policy to be that the United States will deploy a national missile defense as soon as technologically possible.

Section 2 of the bill notes that, like all discretionary programs, national missile defense is subject to the authorization and appropriation of funds.

Section 3 states that we support the continued reductions in Russian nuclear force levels. There is no linkage between Russian nuclear force levels, or any arms control agreement, and the national missile defense deployment policy of the bill.

I urge the President to sign this bill and put to rest the concerns of many that our country would continue its vulnerability to ballistic missile attack. With the signing of this bill, a new era of commitment to missile defense will begin.

#### TRADE

Mr. THOMAS. Mr. President, I rise today to address an issue of critical importance to the domestic lamb industry and to producers in my home state of Wyoming. In September 1998, a coalition of individuals from all segments of the U.S. lamb industry filed a Section 201 trade petition with the U.S. International Trade Commission under laws embedded in the Trade Act of 1974 and every trade act this nation has agreed to since that time.

Our domestic industry filed this trade case in response to the surging, record-setting levels of imported lamb meat from Australia and New Zealand. These individuals, although representing different sectors of the U.S. lamb industry, collectively signed onto this legal battle because each entity has witnessed a drastic impact from lamb imports—imports that increased nearly 50 percent between 1993 and 1997 and continue at an aggressive rate still today.

Under a Section 201 petition, the International Trade Commission is required to conduct an investigation to

confirm or dispel the claims asserted within the trade case. Twice the Commissioners heard arguments from both the domestic industry and the importers. Twice the Commissioners rejected the importers arguments. In both instances, the Commissioners voted unanimously—during the injury phase in February and again in March, when they recommended that the President impose some form of trade relief. The Commission's report, and the industry's trade case, now await a final determination by President Clinton.

According to the Commission's report, wholesale imported lamb cuts consistently undercut the price of identical domestic cuts. Evidence of importers underselling domestically produced lamb was found in 79 percent of the product-to-product comparisons with margins of 20 percent to 40 percent. Other comparisons have found margin disparities reaching as high as 70 percent. It is evident that our domestic industry is suffering from the flood of cheap, imported lamb that has swamped the U.S. market and forced prices below break-even levels.

Time is of the essence in this matter as President Clinton has until June 4, 1999, to render his decision on what trade relief, if any, to implement. It is important to remember that under our own trade laws, the requirement of demonstrating that imports are threatening serious injury to the domestic industry has been met. As a result, I urge the President to impose strong, effective and temporary trade relief. More importantly, I urge the President to act on behalf of our producers by seriously considering the undisputed facts outlined in the Commission's report.

#### EMERGENCY MEDICAL SERVICES EFFICIENCY ACT

Mr. GRAMS. Mr. President, I rise today on behalf of all those who serve their fellow citizens through their active participation in the nation's emergency care system to make my remarks on the introduction of S. 9-1-1, the "Emergency Medical Services Act of 1999."

Mr. President, as a Senator who is deeply concerned about the every-expanding size and scope of the federal government, I've long believed Washington is too big, too clumsy and too removed to deal effectively with many of the issues in which it already meddles. However, I also believe there's an overriding public health interest in ensuring a viable and seamless EMS system across the country. By designating this week as national EMS Week, our nation recognizes those individuals who make the EMS system work.

There's no more appropriate time to reaffirm our commitment to EMS by addressing some of the problems the system is presented with daily.

I've often said that Congress has a tendency to wait until there's a crisis

before it acts, but Congress cannot wait until there's a crisis in the EMS system before we take steps to improve it. There's simply too much at stake.

Whether we realize it or not, we all depend on and expect the constant readiness of emergency medical services. To ensure that readiness, we need to make efforts to secure the stability of the system. This has been my focus in drafting the EMSEA.

The most important thing we can do to maintain the vitality of the EMS system is to compel the government to reimburse for the services it says it will pay for under Medicare.

In the meetings I've had with ambulance providers, emergency medical technicians, emergency physicians, nurses, and other EMS-related personnel, their most common request is to base reimbursement on a "prudent layperson" standard, rather than the ultimate diagnosis reached in the emergency room.

While the Balanced Budget Act of 1997 [BBA] contained a provision basing reimbursement for emergency room services on the prudent layperson standard, I find it troubling HCFA refuses to include ambulance transportation in its regulations as a service covered by the patient protections enacted as part of Medicare Plus Choice. I also believe it is unacceptable that beneficiaries participating in fee-for-service are not granted the protections afforded to those in Medicare Plus Choice.

There has been a great debate in the Senate for the last year regarding protections for consumers against HMOs. Many of my colleagues would be startled to learn of the treatment many seniors have experienced at the hands of their own government through the Medicare fee-for-service program. The federal government would do better to lead by example rather than usurping powers from state insurance commissioners by imposing federal mandates on health insurance plans already governed by the states.

To illustrate how prevalent the problem of the federal government denying needed care to Medicare beneficiaries is, I want to share with you a case my staff worked on relating to Medicare reimbursement for ambulance services. I mentioned this case last year, but it is worth repeating. Please keep in mind that this is the fee-for-service Medicare program.

In 1994, Andrew Bernecker of Braham, Minnesota was mowing with a power scythe and tractor when he fell. The rotating blades of the scythe severely cut his upper arm. Mr. Bernecker tried to walk toward his home but was too faint from the blood loss, so he crawled the rest of the way. Afraid that his wife, who was 86 years old at the time, would panic—or worse, have a heart attack—he crawled to the pump and washed as much blood and