

(4) STATE DOLLAR CONTRIBUTION TO THE AIRPORT AND AIRWAY TRUST FUND.—The term "State dollar contribution to the Airport and Airway Trust Fund", with respect to a State and fiscal year, means the amount of funds equal to the amounts transferred to the Airport and Airway Trust Fund under section 9502 of the Internal Revenue Code of 1986 that are equivalent to the taxes described in section 9502(b) of the Internal Revenue Code of 1986 that are collected in that State.

(b) REPORTING.—

(1) IN GENERAL.—As soon as practicable after the date of enactment of this Act, and annually thereafter, the Secretary of the Treasury shall report to the Secretary the amount equal to the amount of taxes collected in each State during the preceding fiscal year that were transferred to the Airport and Airway Trust Fund.

(2) REPORT BY SECRETARY.—Not later than 90 days after the date of enactment of this Act, and annually thereafter, the Secretary shall prepare and submit to Congress a report that provides, for each State, for the preceding fiscal year—

(A) the State dollar contribution to the Airport and Airway Trust Fund; and

(B) the amount of funds (from funds made available under section 48103 of title 49, United States Code) that were made available to the State (including any political subdivision thereof) under chapter 471 of title 49, United States Code.

Mr. MOYNIHAN. Mr. President, this is a simple proposal to obtain numbers about a Federal program as regards the respective States. As a member of the Committee on Environment and Public Works for the last 22 years, I served as chairman, at one point, and handled a number of highway bills, as we call them, transportation bills, and have been involved with negotiations with the House in these matters.

One of the subjects that comes forward continuously is the payments by respective State residents, or persons passing through a State, into the highway trust fund. This was established in 1956 by President Eisenhower, under his administration, on the recommendation of a commission headed by General Clay, with the previous Speaker, Mr. Wright of Texas, as one of the persons animating the effort in the Congress. There was a source of funding for the Interstate and Defense Highway Program. Indeed, there was, and we have very successfully finished that program and we continue to fund transportation projects across the Nation with those revenues as they come in.

Now, in 1986 we established the airport and airway trust fund. It is a ticket tax and other taxes. It brings considerable revenue, as anyone who has recently ridden on the Washington-New York shuttle can attest. In fiscal year 1998, we estimate that \$4.5 billion was collected in ticket taxes.

However, we have no State-by-State analysis of the dollar contributions. Inevitably and properly, the moneys are used by the Federal Aviation Administration to provide airport projects around the Nation, but with no accounting for the relative contributions of the different States with the thought that there be some proportion-

ality as to the return to the States. I say "some"—nothing precise, nothing is proposed in this amendment to make such a proportionality requirement. Indeed, it is not desired.

Public policy on transportation should follow the needs of transportation, and yet it is reasonable to assume that Senators and Representatives will expect some relationship between what their State provides and what it receives. That may now take place; it may not take place. The answer is we don't know.

The most normal function of government when it collects a tax is to record the origins and the specifics of the revenue stream. There will be some difficulty doing this. It is tricky. A good number of airline tickets are now purchased on the Internet as opposed to travel agents or at the airport. These are methodological problems which the Treasury is entirely capable of dealing with through sampling and other devices. This amendment quite specifically says, "as soon as practicable after the date of enactment of this act and annually thereafter," that the Secretary of the Treasury will report to the Secretary of Transportation.

The term "as soon as practicable" gives the Treasury the leeway it requires to get these numbers and break them down. It is routine government. It is good government. It is an opportunity to avoid a great deal of misunderstanding and discord in the committees involved and on the floor as we ask how appropriate, and in a general sense, how fair the use of these funds is—the allocation of these funds once they have been obligated through taxation.

Accordingly, I hope the Senate can approve this amendment.

Mr. President, I respectfully inquire of the managers whether this straightforward measure could be accepted and spare the Senate the time.

Mr. BRYAN. If I might respond to the inquiry from my friend, the distinguished Senator from New York, I am informed at this point we are not able to accept the amendment. The floor leader is absent from the floor temporarily and will return shortly. Perhaps the Senator may be able to engage in a conversation with him and the distinguished Senator on the other side of the aisle as to working out this point. I am not able to give the distinguished Senator the assurance that he needs that we can approve it.

Mr. MOYNIHAN. My friend from Alabama?

Mr. SESSIONS. I thank the distinguished Senator.

This amendment has just been presented and is now being seen by the managers. I think both sides of the aisle have expressed some concerns, so we will have to study it some more.

Mr. MOYNIHAN. In that regard, Mr. President, I wonder if I could, with the understanding of the managers, ask for the yeas and nays with the understanding that if the managers, after consid-

eration of this very simple proposal, decide that it is acceptable, when that moment comes when this amendment comes up after 5 o'clock, that the yeas and nays be vitiated and the amendment be accepted; if not, we will have a vote.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The yeas and nays were ordered.

Mr. MOYNIHAN. Once again, if on further consideration the managers would like to accept the amendment, we will vitiate the vote when the time comes.

I thank the Chair, and 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. GRAMM. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. GORTON). Without objection, it is so ordered.

Mr. GRAMM. Mr. President, I ask unanimous consent to speak as in morning business for 25 minutes.

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

THE HEALTH CARE SYSTEM

Mr. GRAMM. Mr. President, about an hour ago, our dear friend, Senator KENNEDY from Massachusetts, came on the floor to talk about health care and, like Goliath of old, challenged us to respond to his cry to allow him to dramatically change our health care system. Since it appears that there is a break in the legislative action,—I see no one standing around waiting to speak or amend—I thought I would make Senator KENNEDY's day, so-to-speak, by coming over and responding to him.

Mr. President, there are several points I want to make and I will try not to belabor any of them. First of all, there is something to be said about having an institutional memory. I would like to take our colleagues, at least those who are now eager to remake our health care system in their ideal image, down memory lane, and remind them that it was only in 1993 that President Clinton and Senator KENNEDY told us in a debate, which lasted for 18 months in the Senate, that they knew how to solve our health care problem.

Our health care problem, in 1993, according to President Clinton and Senator KENNEDY, was an access problem, that 40 million Americans did not have health insurance, and their solution was to have the Government take over and run the health care system and create one giant HMO that I think they called a "health care purchasing collective." All Americans were going to be forced into one giant Government-run HMO, and the benefit we were going to get from it was that everyone

would be covered. The cost of it, obviously, was that we would lose our right to choose.

Now, in that program, no one had the right to sue the Government based on poor medical treatment. They had the right that you have under current law to sue an HMO if they violate their contract. But we were told in 1993 that the problem was access to health care, and that the right to choose your own doctor, the right to choose your own hospital, and the right to sue was not important. What was important—in the words of Senator KENNEDY and the President, which still ring in our ears—was “access.”

Now, here we are 5 years later and we are now being told that the problem is not access, the problem is not that 40 million Americans are having trouble paying for health insurance, and that in fact we should take action to make millions more unable to pay for their health insurance; we are now being told that the problem is that HMOs limit choice.

Now, Mr. President, I can't help but be struck by the fact that the same people who, 5 years ago, said the problem is access and we should sacrifice choice by putting everybody into one giant Government-run HMO called a “health care collective,” and that we should limit the ability of people to sue in the name of access—those same people are now saying that the problem is that HMOs limit choice. Specifically, they are saying the problem is that, under current law, you can't sue an HMO.

The only point I want to make—and I think it is a very important point—is that, 5 years ago, the President and Senator KENNEDY loved HMOs. They loved them so much they wanted to put every American into one, regardless of their circumstances, and not allow anyone, under punishment of law, to buy health care outside the system. They wanted to have everyone in one giant Government health care HMO called a “health care collective.”

Now, they don't love HMOs anymore. Then they cared about people having health insurance, and now they don't care about people having health insurance. In fact, under their bill, even under the most conservative estimates, hundreds of thousands, millions of families will lose health insurance. Suddenly, they don't like HMOs, and they want to protect people from the very same health care system that they wanted to impose on the Nation on a mandatory basis just 5 years ago.

Now, what is their real objective? We all know their real objective because, one thing about them—and they are not trying to hide it—is that they really believe the Government ought to run the health care system. We know what their ideal plan looked like; we had it 5 years ago. By the way, it looked very menacing. We had about 70 Members of the Senate who were co-sponsoring these Government-run health care collectives. It looked like a

20-foot tall giant until, finally, a few Members of the Senate went up and stuck a pin in its big belly and it deflated. People realized that when their mama got sick, she was going to have to talk to a bureaucrat instead of a doctor, so we killed the Kennedy-Clinton health care plan.

Well, they are back. Since we are not going to let them run the health care system, they have decided they are going to tell the private sector how to run it.

Let me address the problems with HMOs. Let me say that, unlike the President and Senator KENNEDY, I never was in love with their idea of an HMO. I was opposed to forcing people, on a mandatory basis, to go to a Government-run HMO. I want people to have choices. Now, Senator KENNEDY says these HMOs are bad, but he doesn't want to give people the power to fire them, which I want to do. He wants to give people the ability to sue them.

I want to give people the ability to have real choices. That is what our bill is about.

Let me try to define the problem. I want to define it generically, and then I want to talk about the problem as people see it. Then I want to talk about Senator KENNEDY's solution and then about the Republican solution.

Here is the real problem. HMOs have grown like wildfire because of exploding medical costs. Under our old medical system, which we all loved and which was wonderful, except for one thing—nobody could afford it—with fee-for-service medicine and low-deductible health insurance policies, we all bought health care where somebody else paid for it.

Under our old health care system, if you went to the hospital, somebody else paid 95 percent of your bill. Sometimes that was private health insurance; sometimes it was Medicare; sometimes it was Medicaid; sometimes it was indigent care. But the bottom line was, under our old fee-for-service health care system where Americans with Medicaid, Medicare, and private health insurance had a third party paying, when you went to the hospital somebody else paid 95 percent of your costs.

Can you imagine if we had grocery insurance, so that when we went to the grocery store 95 percent of everything we put in our basket was paid for by our grocery insurance? We would all eat differently, and so would our dogs. Grocery stores as we know them wouldn't exist. They would have 20 times as many people working at the supermarket as they have now. They would have all kinds of luxury foods and prepared foods. And we would all love the grocery store, and we would all hate our grocery insurance bills.

That is the situation we were in. Government, as usual, did nothing about it. In fact, Government policy made all those problems worse. Then the private sector started to move to

solve the problem. And one of the innovations was the development of the HMO. People have gone into HMOs, through their jobs, by the millions because they are cheaper, because they exercise more judgment in spending and because they make health care more affordable.

But there is a problem. The problem is that the way the HMOs control cost is by exerting influence over the health care you consume. Here is the problem with our national psyche. The problem is, we all want the benefits of cost control, but we don't want to bear the burden of having the cost control imposed on us and our family. We want the lower rates of the HMOs. We want to make the HMOs give us whatever we want, but we don't want them to charge us more to pay for it.

In other words, as usual, we want a free lunch. We want something for nothing. But that can never be, because one of the things God decided a long time ago is, you can't get something for nothing. If you drive up costs, you have to pay for it ultimately.

Here is Senator KENNEDY's definition of the problem, and here is his solution.

His definition of the problem, which millions of Americans identify with—and so do I—is when you go to see your doctor and you are a member of an HMO, when you go into the examining room, the HMO has its gatekeeper in the examining room, in essence, making decisions with your doctor as to what you need.

We don't want somebody else in our examining room. When we go into the examining room with the doctor, we want to be alone with the doctor. The problem is, with HMOs, one of the prices we pay for lower cost is having a gatekeeper involved in our health care, which almost literally means having a third person in the examining room.

What do Americans want, and what does Senator KENNEDY want?

Americans want to get the gatekeeper out of the examining room. They want to be alone with their doctors. What Senator KENNEDY says is, “OK, you do not like having a gatekeeper in your examining room. So what we will do is this.”

If you will adopt Senator KENNEDY's bill, he will bring into the examining room a Government bureaucrat, whom he will choose, who will be there to regulate the gatekeeper and your doctor. And then you will get to hire with your money a lawyer, who can be there to watch the doctor and the gatekeeper and to be there to sue them on your behalf.

I thought it would be instructive to take a simple medical device, the stethoscope, invented by the ancient Greeks and used to this day to listen to people's hearts, and demonstrate graphically what Kennedy-Care looks like. What Kennedy-Care looks like is this stethoscope.

When you go into the examining room, under Senator KENNEDY's program, you are at this end—this part

right here where they put that right up against your heart. So that is where you are. Then your doctor has one set of earpieces so that he can listen to your heart and determine if something is wrong with you.

Then the problem everybody is concerned about is, the HMO has a gatekeeper there with his stethoscope next to your heart listening to your beat, second-guessing your doctor.

What you would like to do is cut this part of the stethoscope off. That is what every American who is a member of an HMO would like. But what does Senator KENNEDY do? He adds another stethoscope for the Government bureaucrat that he is going to choose. So the Government bureaucrat is going to be listening to your heartbeat, second-guessing the HMO, and second-guessing your doctor, and trying to tell them both what to do.

In addition, Senator KENNEDY lets you hire a lawyer to come, and gives him another stethoscope.

So here you are. What you wanted was to be alone with your doctor. But now, under the Kennedy plan, you are in the examining room not only with your doctor and the HMO gatekeeper, but also with a bureaucrat chosen by Senator KENNEDY, and a lawyer, whom you pay for. So there you are, and there are four people in the examining room with you, three of whom you don't want.

It is Senator KENNEDY's solution to the problem.

You wanted to get rid of the gatekeeper. But he keeps the gatekeeper, because he doesn't give you the ability to fire the HMO, but he sends his bureaucrats in and then takes your money to hire you a lawyer. Suddenly, you have four people in the examining room with you and you are three times as unhappy as you were before.

That is not the solution that most Americans have in mind.

What is the solution they have in mind? The solution they have in mind is what I call "medical savings account care." Under our program, which is embodied in the Republican alternative, this is what the stethoscope looks like—again, exactly like the Greeks designed it.

Here you are. The doctor is listening to your heart. Here is the doctor. But you have gotten rid of the HMO gatekeeper. You didn't have to hire Senator KENNEDY's bureaucrat. You didn't have to hire Senator KENNEDY's lawyer. What you have is simply you and your doctor.

That is what people want.

How do we do it?

I conducted an interesting experiment the other day and I want to show you a chart and share the results with you today. I took a page of medical providers out of the Yellow Pages. I called up, and asked them if they were part of the largest HMO in Washington, Kaiser HMO. Then I asked if they were part of the largest preferred provider organization. That is Blue Cross, PPO.

Then I asked them about the Republican solution, which is based on medical savings accounts, and I will explain more about them in a minute.

The Republican bill—I want to congratulate our leader, DON NICKLES, and the members of our task force who put together an excellent bill that deals with the legitimate concerns that Americans have about HMOs. But we do more on that to try to deal with HMO abuses, because we give people the power to fire their HMO—something Senator KENNEDY does not do. He gives you the power to have a Government bureaucrat oversee your HMO, gives you the power to have a lawyer to sue them, but he doesn't give you the power to fire them.

Now, in addition to dealing with the legitimate concerns about HMOs, we did something so much better, and that is we brought freedom into the Patients' Bill of Rights. What are the Bill of Rights about if they are not about the right to choose. So we create real medical savings accounts, and here is how they work. Let's say I have two children, which I do, and I have a wife. And I am grateful for the children and my wife. I buy the standard option Blue Cross/Blue Shield, and it costs my employer about \$4,000 a year. Now, I could buy that same coverage, if it had a \$3,000 high deductible, for just \$2,000 a year. That is because the first \$2,000 of medical costs are prepaid medical expenses rather than insurance.

So under our bill, people would have the right—no one would make you do it, but you would have the right to choose a medical savings account. What it would mean, especially for young couples with a moderate income, is that you could at a low cost buy a high-deductible policy to protect your family in case something really bad happened and yet you could still afford it.

The way it would work is your company, which is currently buying you a \$4,000 Blue Cross/Blue Shield standard option, low-deductible policy, would instead buy for \$2,000 the high-deductible plan and then deposit the \$2,000 it saves into your medical savings account. With that \$2,000, and the \$1,000 you would normally spend on both health premiums and out of pocket medical expenses, your medical savings account would have \$3,000 to pay for all your health care expenses up to \$3,000. Any further medical expenses above \$3,000 in a year would be covered by your high-deductible insurance.

Now, there are two reasons why this is important. One, at the end of the year, if you had not spent that \$3,000 in your medical savings account on medicine, it is your money. If you go to the doctor and you say, I have a terrible headache, and the doctor looks at you, examines you, and he says, look, you probably have a headache and you have two options: One, I can give you two aspirins and it will probably go away, or I can give you a brain scan that will cost \$1,000. If you take the two aspirins

and it doesn't go away, you can come back tomorrow and I can give you the brain scan. With the medical savings account, since you get to keep that \$1,000 if you don't spend it on a brain scan, you will see more rational economic decisions. You will probably ask the doctor what he really thinks, and in all probability, you're going to take the two aspirins and come back tomorrow if the headache is not gone.

On the other hand, under Senator KENNEDY's plan, if you have low-deductible insurance, you will say, well, does this brain scan hurt? And they will say, no, it doesn't hurt at all. In fact, it is very interesting. You can actually watch it. You might say, great, let's have the brain scan.

The point is, if I am spending my money I behave differently than if I am spending someone else's money. But under the medical savings account, at the end of the year, if all I had was a headache, I am \$1,000 better off in my pocket—to send my children to Texas A&M or to go on a vacation or buy a refrigerator—if I went with the two aspirins and I didn't need the brain scan. But the most important thing about our medical savings accounts is I get to choose.

Now, let me get back to my experiment. I took a page out of the Yellow Pages. In my Yellow Pages test on the Kennedy health care plan and the Republican health care plan, I decided to give him the benefit of the doubt and assumed that everyone was in the biggest HMO in Washington. Many people won't be. Or let's say everyone went with the most popular preferred provider organization, the Blue Cross/Blue Shield PPO. So what we did was, starting with Ginsberg, Susan M. Ginsberg, M.D., at 106 Irving Street, NW, 723-4015, we went through and called each of these physicians and we asked them three questions: One, Do you participate in the Kaiser HMO?

Ten of them did. So if I were a member of the Kaiser HMO, I could see one of their doctors. If I could get to see somebody under the Kennedy plan, I would even have a Government bureaucrat in the examining room with me sharing my intimate experiences, along with a gatekeeper at Kaiser, but only 10 doctors of the 28 on this list would see me under the Kaiser HMO plan.

Now, if I had the Blue Cross PPO, 17 physicians that are listed on page 1017 of the Yellow Pages, 17 of the 28 physicians would take Blue Cross/Blue Shield. But then we asked them another question. We asked these physicians if they would take a check from a medical savings account. Golden Rule is a just one company that offers these MSA checking accounts. When you go to the doctor, you simply pay with your MSA check.

Then you have, through Mellon Bank with MasterCard, a MasterCard medical savings account. The way it works is you don't call up any gatekeeper. You don't say, do you take my preferred provider? Or, do you participate

in this HMO? You simply call up and say, do you take MasterCard? And through the medical savings account at Mellon Bank you can get a MasterCard for participating in the program. And then there is Health Value, which has a medical savings account through Visa.

I performed an additional experiment. After we had asked them, Do you take Kaiser HMO, and 10 of the 28 did; Do you take Blue Cross preferred provider, and 17 of the 28 did. Then we said, Do you take Visa? Every one of the 28 took Visa. Do you take MasterCard? Every one of them took MasterCard. If I have identification, do you take a check? Every one of them took a check.

Now, there is the power of real freedom of choice. The freedom of choice is you do not have to go to an HMO. You do not have to go to some preferred provider. You do not have to appeal to an outside appeals board. You do not have to file a lawsuit. You do not have to have a Government bureaucrat. All you have to do is pick up the phone and call the doctor or the specialist you want and say, "Dr. Goldbaum, do you take MasterCard?" If he takes MasterCard, you don't care whether he is on somebody's preferred provider list or whether he is a referral specialist. He is your primary care physician, if he takes MasterCard.

What our proposal does is set people free to choose. Senator KENNEDY and the President hate medical savings accounts. They respond to medical savings accounts the way vampires react to a cross. And the reason is simply this: They understand that medical savings accounts empower people. And once somebody has a medical savings account, they do not want a Government bureaucrat. They do not need a lawyer. And if they need one, they can go into court and hire the lawyer. They do not have to fool around with gatekeepers. They just simply pick up the phone and dial William D. Goldman, Pediatrics-Adolescent Medicine. He could be a referral doctor for Kaiser or Blue Cross/Blue Shield. But they call up Dr. Goldman, and they have one simple question for Dr. Goldman: "Dr. Goldman, do you take Visa?" If Dr. Goldman takes Visa, they are in. We set them free to choose.

Now, Senator KENNEDY and the President understand that if we ever have medical savings accounts that will work, their idea of having the Government taking over and running the health care system of America is dead. It will never be brought back to life. So they do not like this provision in our bill. But the wonderful thing about it is we do not make people buy medical savings accounts. Many people love HMOs. My mother-in-law participates in an HMO and loves it, and she ought to have the right to choose it. Many people love preferred providers. All we do is make it possible for people to have real choice so if their baby is sick and they want to get in to see a specialist, if they want to see William D.

Goldman, pediatrics and adolescent medicine, they don't go to a gatekeeper; they just pick up the phone and say do you take MasterCard? He does? They are in.

Senator KENNEDY tells us that he wants to vote on health care. I find it very interesting that we have offered him the ability to present to the Senate his plan, change it any way he wants to change it—put two Federal bureaucrats in every examining room, hire five lawyers, whatever works for him—develop the best system he can develop for America, we will not try to change it. We will not try to be mischievous and offer an amendment to it. He tells us how to fix the health care system. And then the Republican Task Force, of which I am a proud member, will present our alternative and what will happen is we will let people choose.

Senator KENNEDY, knowing we are in session for 10 more days—I ask unanimous consent for 5 additional minutes.

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

Mr. GRAMM. Senator KENNEDY, knowing we are in session for only 10 more days, wants to do all these amendments. He wants to amend our proposal. We do not want to amend his proposal. All we want to do is give people a choice. We think we have a better way. He, obviously, thinks highly of his plan. It is much closer to the world as he sees it.

What we are saying is, if he really wants to vote on his plan, we can have a vote this afternoon. But what we want to do, instead of getting into all these games with only 10 days left where we try to amend each other's plan and mess it up and end up with something nobody in the world wants, what we have offered, and very generously offered as the majority—I don't ever remember it happening when we were the minority on a major bill—we have offered to Senator KENNEDY, you take your health care plan and you write it exactly as you want it and you offer it and we will vote on it. And if you get 50 votes, you can get the Vice President to come over, break the tie, and you are in. You can put a Government bureaucrat in every examining room, you can have people hire lawyers, you can do it however you want to do it. But we think we have a better way.

What we would like to say to Senator KENNEDY is, we will give you a vote on your plan, and then you give us a vote on our plan. If we win and you do not, then we go forward with our bill. If you win and we don't, we go forward with your bill. But I am afraid there is a growing suspicion—I would never say this because I try to never be suspicious of people's motives—but there are some people who believe all of this discussion about health care is political. There are some people who believe that Senator KENNEDY does not really want his bill voted on because he knows it is not going to pass. Some

suspect he knows some of the Democrats are not going to vote for it. And I believe he suspects our proposal would pass.

But the point is, if we really want to vote on health care with just 10 days left, let's stop all the games; let's let the Democrats sit down in a room and write the best plan they can write and we will not try to amend it. We will not try to stall it. We will let them bring it forward, tell us why it is the right idea, and we will vote up or down. Then we would like to have the same right on our plan, and if we are successful then we can go to the House very quickly, work out our differences, and let the bill go to the President. If we really want to do something about health care, that is what we need to do.

Finally, before my time runs out, I want to simply say that I believe that a lot of work has gone into this issue. I will congratulate Senator KENNEDY and others for raising the issue. I think we have a better way, as Republicans. I think our bill is better. I think it gives more choice. I congratulate Doug Badger, who has been the staff director who, through some 25 meetings, has helped us put together, with Senator NICKLES' leadership, what I believe is an excellent program. I would be happy for our program to become law.

But we have 10 legislative days left. If we want to have any opportunity to do something about health care, there is only one way: the Democrats put together their best bill. If that is Senator KENNEDY's bill, that is fine. If they want to change his bill, we are not going to interfere because we are not trying to make mischief. But we have a better way which we think will improve health care in America. We think it will make HMOs more responsive. We think it deals with legitimate concerns without denying millions of people access to health care because they will not be able to afford it, and it gives people the freedom to choose.

Remember the Yellow Pages test. On the Yellow Pages test, if the Republican plan passes and you want a medical savings account—you can have one, but nobody makes you get one. You can do a HMO, you can do Blue Cross/Blue Shield, you can do whatever you want to do. But if you want to choose for your family, we put you in a position so when you call up Seth Goldberg—who is ear, nose, throat, facial plastic reconstructive surgery—you don't have to go through a gatekeeper, on the Republican plan. You just call up Dr. Goldberg and say, "Dr. Goldberg, I wanted to come see you but I had to ask you a question."

So Dr. Goldberg gets out his big file and he figures we are about to ask him do you participate in the Joe B. Brown HMO, and he is going to look it up and see if he does. We just simply say, "Dr. Goldberg, will you take a check?"

He is going to say, "Yes." And when he says yes, if your baby has a throat problem, you are going to get to see a specialist and you are not going to have to go through a gatekeeper.

Senator KENNEDY will let you sue if the gatekeeper says no, and he will have a Government bureaucrat there, with your child, if you ever get in to see the ear, nose and throat specialist. But the point is, if your baby is sick and your baby has a 104-degree fever, you don't care about suing. You want to go to see Dr. Goldberg.

Our plan gets you in the door. Our plan gets your baby medical attention because it empowers you. Hallelujah.

The PRESIDING OFFICER. The time of the Senator has expired. The Senator from North Dakota.

Mr. DORGAN. Mr. President, I ask consent to speak in morning business for 3 minutes.

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

Mr. DORGAN. Mr. President, I will shortly offer an amendment to the FAA bill on the floor. But I could not help but listen to my colleague from Texas. I should not frame it that way, I "could not help but listen to him." I was here and listened to him, and I couldn't help but have a desire, an urgency to respond to some of it. I shall not do that now, but reserve the time later.

I notice he talked about the KENNEDY plan. He is probably talking about the plan that is embraced by hundreds of organizations in this country, by the President, by the American Medical Association, and others who believe that health care ought to be practiced in a doctor's office or in a hospital room, not by some insurance accountant 500 miles away, and who understand the stories we have told on the floor of the Senate about a little boy had cerebral palsy whose HMO says this boy only has a 50 percent chance of being able to walk by age 5, and that is insignificant, and therefore we will not give this young boy the kind of therapy he needs. That decision was not made by a doctor. The doctor of that boy recommended therapy. That decision was made by an accountant, and had everything to do with an HMO's bottom line, not health care. That is the issue.

The issue is, do patients have a set of rights here? Do patients, when sick, and who present themselves to a doctor and hospital, have a right to know all of their medical options? Or do they have a right to know only the cheapest medical option?

Does a patient have a right to be taken to an emergency room when they have just broken their neck? I will give you an example of somebody who broke their neck, went to the emergency room, unconscious, and the HMO said, "We can't pay for that because you didn't get prior clearance." That is health care? That is a decision a doctor would make? I do not think so.

That is why doctors across this country, health care professionals across this country, and increasing numbers of people who have been herded into these shoots called "managed care," 160 million of them are now saying, there needs to be some changes here.

Health care ought to be practiced in the doctor's office, in a hospital room. I understand there is great passion about this issue. I hope this Congress will address this issue. The Senator from Texas proposes a way to address it. "We have a bill; they have a bill. We have a vote; they have a vote."

What about regular order? Why does the Senator from Texas propose that we not have regular order? Bring your bill to the floor—we have amendments, they have amendments—vote on the amendments one by one. How do you propose to deal with emergency care? What about the choice of specialists when you need it? What about the ability to know all of your medical options? What about the issue of bringing managed care to the floor of the Senate, a Patients' Bill of Rights—any version—and then having votes, amendment after amendment after amendment?

WENDELL H. FORD NATIONAL AIR TRANSPORTATION SYSTEM IMPROVEMENT ACT OF 1998

The Senate continued with the consideration of the bill.

Mr. DORGAN. Mr. President, I ask to be recognized to offer an amendment to the underlying bill.

The PRESIDING OFFICER. The Senator is recognized.

The pending business is the Moy-nihan amendment.

Mr. DORGAN. I ask unanimous consent to set aside the current amendment.

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

AMENDMENT NO. 3636

(Purpose: To facilitate air service to underserved communities and encourage airline competition through non-discriminatory interconnection requirements between air carriers)

Mr. DORGAN. Mr. President, I send an amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from North Dakota [Mr. DORGAN], for himself, Ms. SNOWE and Mr. WELLSTONE, proposes an amendment numbered 3636.

Mr. DORGAN. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

At the appropriate place insert the following new section—

SEC. . NON-DISCRIMINATORY INTERLINE INTERCONNECTION REQUIREMENTS

(a) IN GENERAL.—Subchapter I of chapter 417 of title 49, United States Code, is amended by adding at the end thereof the following:

"(a) NON-DISCRIMINATORY REQUIREMENTS.—If a major air carrier that provides air service to an essential airport facility has any agreement involving ticketing, baggage and ground handling, and terminal and gate access with another carrier, it shall provide the same services to any requesting air car-

rier that offers service to a community selected for participation in the program under section 41743 under similar terms and conditions and on a non-discriminatory basis within 30 days after receiving the request, as long as the requesting air carrier meets such safety, service, financial, and maintenance requirements, if any, as the Secretary may by regulation establish consistent with public convenience and necessity. The Secretary must review any proposed agreement to determine if the requesting carrier meets operational requirements consistent with the rules, procedures, and policies of the major carrier. This agreement may be terminated by either party in the event of failure to meet the standards and conditions outlined in the agreement.

(b) DEFINITIONS.—In this section:

"(1) ESSENTIAL AIRPORT FACILITY.—The term 'essential airport facility' means a large hub airport (as defined in section 41731(a)(3)) in the contiguous 48 states in which one carrier has more than 50 percent of such airport's total annual enplanements."

(c) CLERICAL AMENDMENT.—The chapter analysis for chapter 417 of title 49, United States Code, is amended by inserting after the item relating to section 41715 the following:

"41716. Interline agreements for domestic transportation."

Between lines 13 and 14 on page 151, insert the following—

"(d) ADDITIONAL ACTION.—Under the pilot program established pursuant to subsection (a), the Secretary shall work with air carriers providing service to participating communities and major air carriers serving large hub airports (as defined in section 41731(a)(3)) to facilitate joint fare arrangements consistent with normal industry practice."

Mr. DORGAN. Mr. President, as I indicated when I spoke previously on this bill, I think Senator MCCAIN and Senator FORD have done a remarkably good job on this piece of legislation, and I appreciate their work so much. And I think many involved in airline issues in this country, such as safety and so many other related issues, feel the same way. This is an important piece of legislation, and we very much appreciate their good work. I think both of them will be on the floor shortly, but I did want to offer the amendment and begin a discussion of it.

Let me first describe why I felt a requirement to offer an amendment of this type. I offered an amendment similar to this in the Commerce Committee and lost by a vote of 11-9. It is interesting to me. I always remember the exact vote when I lose—11-9—and somehow that sticks with me, because I understand why I lost: there are people who view these issues differently.

My concern here is about competition in the airline industry. I know about competition. I come from a town of 300 people. I grew up in that town. I was in a high school class of nine. We had one blacksmith. We had one doctor. We had one barber. We had one of almost everything. Actually, we had a couple of bars. I guess that is probably typical of a lot of small towns. But we had one of most things. I understand that.

The fact is, most of the people who had their exclusive services that they