emergency services to the people. That is their assessment, and we are not going to be permitted to debate and discuss the impact of the Republican bill on the patients of this country as compared to our Patients' Bill of Rights. We are going to be denied that opportunity, Mr. President?

In four years, we have come so far, but we cannot support these provisions in their current form. We will do everything in our power to ensure the ''prudent layperson'' standard that is enacted will be consistent with the meaningful protections that Congress enacted for Medicare and Medicaid beneficiaries. Hard-working Americans who pay their premiums deserve no less.

Now, Mr. President, I will conclude in just a moment. I want to sum up where I think we are in this whole experience. During recent years, we have seen a very dramatic shift from the indemnity health care provisions to the HMOs. We have seen the ERISA provisions that were developed in the early 1970s which exclude liability protections for American consumers. Those particular provisions were developed to protect pensions—it wasn't really thought about in terms of the application of these provisions of the law in terms of health care plans. If you go back and read the discussion and the debate, it wasn't really considered. It was there to protect pensions, and it has worked reasonably well to protect pensions.

It hasn't worked to protect the patients in these programs. Nonetheless, we have seen the growth of the HMOs. And we have some outstanding health maintenance organizations. We have some of the best in my own State of Massachusetts. The basic concept behind the HMOs was to try to create the financial incentive for keeping people healthier so that the various health organizations would encourage the preventive health care measures, and by keeping people healthier, on what we call a ''capitation'' program—that is, that the HMO gets a certain payment for an individual; if they keep them healthier, then the HMO's financial situation improves. That made a good deal of sense.

In the better HMOs it works, and it works effectively. The problem is you have many at the lower end that are reflecting the kinds of abuses we have talked about here today. They have to be corrected. They should be corrected.

Legislation has been introduced, and we have been excluded from the opportunity of having it scheduled. Now we have, finally, the Republican leadership's provisions, which were introduced in the Senate last Friday, and we still have no time that has been set aside.

When you look over the range of different provisions in this legislation and the importance of this, we need to have a reasonable opportunity to debate and discuss these measures. The best we were able to get out of the Republican leadership initially was that, ''We are not going to schedule what we don't want to schedule.'' That is what I heard on the floor of the U.S. Senate about 2 weeks ago. Then we heard that, ''We are developing a program and will schedule this when we want to schedule it.'' Then we see the legislation that has been introduced. Now we are told, ''We may or may not get to that in the day or two before the designated recess.''

There is not a measure that affects families in this country that is more important than the Patients' Bill of Rights. It deserves full debate and discussion and thoughtful consideration. It deserves the best judgment of all of the Members, and it deserves a bipartisan resolution at the end to try to see that we do something that is meaningful to provide protections for families. What will be unacceptable is some kind of a toothless piece of legislation that picks up the buzzwords but fails to provide the protections for the American people.

I hope we can get about the business of having this debate and having this result. Every day we delay, we fail to protect our fellow citizens. This issue is not one that is getting better; it is one which cries out for action. It cries out for action now. The earlier, the better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. NICKLES. Will the Senator yield?

Mr. SHELBY. I yield to the distinguished Senator from Oklahoma.

HEALTH CARE LEGISLATION

Mr. NICKLES. I appreciate my colleague yielding for a moment. I sat here and waited for awhile for my colleague from Massachusetts to speak, and then the Senator from Delaware decided to speak. I wanted to make a couple of comments concerning the health care legislation.

One, I regret maybe some of the tone of some of the debate that has been made. I am very interested in trying to come up with a reasonable time agreement to take up this legislation. We have offered to do that. We have offered to give a vote on both the Democrat and the Republican proposals. I understand my colleague wants more time. He probably would like to spend a month on it. I heard him say it is the most important legislation we have before the Senate. I think I heard him say the same thing about the tobacco legislation. We spent 4 weeks on tobacco legislation, and we are not going to spend 4 weeks on this. The Senate is scheduled to be in session about 5 additional weeks, so we don't have the luxury of time that maybe we have had in the past.

My colleague from Massachusetts made the comment and said we tried to bring this up 18 months ago. That is not correct. His bill was introduced on March 31. Three days later, he was trying to pass a sense-of-the-Senate resolution, saying we will pass it this year. We have agreed to bring it up this year. We have agreed to give it adequate time for debate. We have not agreed to spend an unlimited amount of time on this.

I want to respond to a couple of the statements that were made concerning the Republican proposal. Much to my chagrin, I had hoped my colleague, and colleagues on the other side, would try to find out what is good and maybe see where we can move forward, but instead he has trashed our proposal. I resent that, or I regret it—I guess regret would be the more proper terminology.

We have 49 cosponsors of this legislation. We had a task force that met for months, 7 months, to formulate positive, constructive health care legislation, legislation that would help alleviate some of the problems in the health care industry, legislation that would help protect those people who don't have protections in health care.

I heard my colleague say their plan only affects 48 million Americans and exempts two-thirds. That is absolutely not correct. The facts are, every single ERISA-covered plan, every single employer-sponsored health plan in America would have an appeal process. It is a different process than our colleagues on the Democrat side have followed, but for a good reason. We don't want to drive up health care costs.

What we want to do is make sure people who are denied health care will have an appeal to where they can get health care—not that they have to go to court to get a health care decision—so they can have an appeal through an outsider who has nothing whatever to do with their case and have it be reviewed immediately or expeditiously if there is a serious health care problem. They can even have an outside appeal. We put in ''binding decision'' on the outside appeal. The decisions would be binding. The plan would have to pay if someone said, ''Wait a minute. We thought we were waiting for coverage and we didn't get it.'' They would have an internal appeal and an external appeal and that applies to every single employer-sponsored plan in America. We have heard different numbers. It is about 125 million Americans who would be covered under those plans—every single one—unlike my colleagues' plan; I looked at his. I just want to say that it is the right to sue for more. Under the Democrat bill, their idea is that we are going to get more health care by having more suits. We are going to sue people. You can already sue a health care plan to get a covered service. They want to sue for more.

In the Democrat proposal, they have 56 new causes of action where you can sue. It would be an invitation for litigation, to not only sue the health care plan but to sue the employer as well. I have been in the private sector, I have been an employer, a small employer—maybe a little larger; I went from a few employees to 100 employees. If you make employers liable for suits on health care plans, they will drop health

care plans very quickly and you will have an increase in the number of uninsured that will be in the millions. You will also have costs. CBO estimated that the Democrat bill would increase health care costs by 4 percent over what they are already estimated to cost, at 5.2 percent. That is a 9.2 percent cost increase if we enact the Democrat bill. That would cause millions of people to lose health insurance. I don't think that is smart.

So I want to just make sure that our colleagues are aware of the fact that we are willing to have a significant, credible debate. We are willing to consider various alternatives. We are not willing to get an unlimited amount of time. Earlier, my colleague had offered his bill on an appropriations bill. I said it didn't belong there. Maybe we should have left it there. We could have offered some substitutes.

One way or another, we are going to take up this issue. It is our intention to take it up prior to the August break. That is the majority leader's call. We understand that we have a lot of appropriations bills to do, and that must be done. I know my colleagues on the Transportation Committee are ready to go to work. I won't delay them much longer. We will have adequate time to debate the pros and cons of this bill.

I heard some other allegations—that they don't do anything. The Senator from Delaware said, ''They have all this lip service. They provide for emergency care, gag clauses, and access, direct access to OB/GYN and pediatricians, but that doesn't do anything.'' I disagree. We protect the unprotected. We don't have the philosophy that we should preempt States who are, in many cases, doing a better job than the Federal Government. There is a presumption on the Democrat side that the Federal Government can do it better than State government. Let's protect the unprotected, cover the plans that don't have protections often by the State.

My State has 24 mandates. They have a lot of things that aren't in the Democrat plan or Republican plan, and they are doing quite well. They are considering many more. Most States are looking at the Patients' Bill of Rights, and 36 States have already enacted several others, and 45 States already have a gag clause. Maybe some people think Washington, DC, should decide what kind of communication should or should not be made by physicians, and so on.

My point is, I think we have tried to craft a very careful, balanced, good proposal that won't escalate costs, that won't have undue mandates. The Democrat proposal has 359 mandates. Maybe instead of calling it the Kennedy bill, the Patients' Bill of Rights, they should call it the Kennedy bill of mandates, because it is this idea that the Government in Washington, DC, should dictate everything.

So I look forward to the debate. I look forward to resolving this issue and trying to come up with a good, responsible bill that won't drive up health care costs, that won't add layers and layers of bureaucracy and regulation and red tape, that won't really deter quality health care.

Our bill, I might mention, has a lot of things to deal with improving quality health care. I compliment Senator COLLINS, Senator FRIST, Senator JEFFORDS, and others who worked to put a lot of quality provisions in this health care, whether you are dealing with women's health, or dealing with research, trying to get research out to States and rural areas that would really improve quality health care—not a Federal definition that we know best, but trying to really advance technology and get that information to patients, to various areas around the country that would actually improve the quality of health care in America today.

I thank my colleagues who are managing this bill. I hope they will have success in moving this bill forward. I look forward to the debate and, hopefully, a debate next week on the so-called Patients' Bill of Rights.

Mr. JEFFORDS addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. JEFFORDS. Mr. President, I ask unanimous consent to speak for 3 minutes as in morning business.

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

THE ZAAZHOA CASE

Mr. JEFFORDS. Mr. President, I rise today to share some great news and to give thanks to the Members who helped me with respect to this very emotional situation that we have dealt with. I want to share the great news that three young Vermont girls who were abducted to Egypt are now back. I want to thank 56 of my colleagues for their support in this case for signing a letter to urge their return to Vermont. I also want to thank the Egyptian and American Governments for their invaluable assistance.

Last October, anticipating a Vermont court order giving his wife sole custody of their three girls, Michael Zaazhoa took Sarah, Maryam and Leila under falsified passports and fled to Egypt. Lamis Zaazhoa began the frantic search for her girls, ages 3, 5 and 6, which took 9 months, and culminated in a joyful reunion at the U.S. Embassy in Cairo this past Friday.

Lamis listened to the wise counsel of her family and decided to go the long, anxious route of petitioning the Egyptian courts for sole custody of her children under Egyptian law and getting an Egyptian court order for the return of her girls. The Vermont delegation quickly swung into action in support of her efforts, enlisting the help of the U.S. Embassy in Cairo and the Egyptian Embassy in Washington.

After the Egyptian courts ruled squarely in Lamis's favor, I walked around the Senate floor with a letter from Senator LEAHY and me to President Mubarak of Egypt, asking for his support. Fifty-five of my Colleagues signed this letter. I am deeply appreciative of my Colleagues help, which I consider pivotal to the success of our efforts. And I am very grateful to the Egyptian Embassy and Egyptian Government for its help in ensuring that Egyptian law was enforced and the girls were returned to their mother. The staff of the American Embassy was there for us all along, and arranged the swift return to the United States of Lamis and her girls once they were reunited.

I wish I could have invited all of my colleagues to the wonderful meeting Senator LEAHY and I had with these three sweet girls yesterday! Their beautiful smiles and the joy on Lamis's face deeply touched the hearts of all those present. In difficult situations like these, we rely on the good offices of our Government, and the cooperation of our friends in foreign governments. And yesterday we saw with our own eyes the beautiful fruits of those efforts!

This is an unusual result. Many of these cases occur, but very, very few are reconciled the way this was. I thank Jeff Munger of my staff in Vermont, whose sister brought to his attention the plight of the children and spearheaded the results that we got. So, again, I thank all the Members for their helpfulness in getting the three little girls back to Vermont.

I thank the Chair.

DEPARTMENT OF TRANSPORTATION AND RELATED AGENCIES APPROPRIATIONS ACT, 1999

Mr. SHELBY. Mr. President, I ask unanimous consent the Senate now proceed to the consideration of S. 2307, the transportation appropriations bill.

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

The clerk will report.

The bill clerk read as follows:

A bill (S. 2307) making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 1999, and for other purposes.

The Senate proceeded to consider the bill.

Mr. SHELBY. Mr. President, in putting together the Fiscal Year 1999 Transportation Appropriations bill, we were faced with the difficulty of trying to adhere to the spending levels in the new highway and transit authorization bill and still provide adequate levels of funding for other transportation priorities. We have done that in this bill, and I think it represents a balanced approach to meeting our nation's transportation needs. I want to thank the Chairman of the Committee on Appropriations Senator STEVENS, for all his assistance and advice as we put this bill together and moved it through sub and full committee consideration.

We have also worked diligently with the senior Senator from New Jersey,