imposed through interest rate controls. The 1980 Depository Institutions Deregulation and Monetary Control Act of 1980 appropriately removed these price controls which inhibited competition.

The second argument which must be considered when we discuss the Shelby amendment is the claim that the amendment will exempt 88% of the banks from coverage under the CRA. Although this percentage seems staggering—and may sway someone who feels that CRA is okay in some instances—a closer look reveals that opponents of the amendment are using sleight of hand to give the impression that this amendment will have a deeper impact than it truly will. Although it may be true that 88% of banks are exempted, in terms of the number that really counts—that is, assets—the impact that this exemption will have is overstated. That is because less than 12% of bank assets are exempted.

The approximately 8,100 banks exempted have $593 billion in assets, but that accounts for only 11.7% of bank assets in this country. These assets are only one-half-of-one percent, or $3 billion, more than the combined assets of the soon-to-be-completed Bank of America—NationsBank merger. In other words, one bank in the country will soon have close to the same number of assets as the 8,100 banks which would be exempted under this amendment. When you realize that the overall impact of this amendment on the CRA is so small, you must question why it is being contested with such vigor.

The third contention which must be contemplated in considering this amendment is whether it will have a negative impact on preventing discrimination. To listen to the critics of the amendment, one would believe that the amendment gives banks a ''get out of jail free'' card when it comes to discrimination.

However, you must understand that this amendment in no way restricts the enforcement of the Fair Housing Act, the Equal Credit Opportunity Act, or the Home Mortgage Disclosure Act. These acts, designed to prevent discrimination, will remain unfettered in detering inappropriate practices of financial institutions. The amendment in no way weakens laws designed to protect individuals; instead, it removes the inappropriate policy of dictating where banks must operate.

Mr. President, I realize that some in the credit union movement are concerned that adoption of the Shelby amendment may endanger swift enactment of this legislation. However, after contemplating the points raised, I do not understand how the President could consider vetoing a bill based on this appropriate and narrow relief and I do not understand how any of my colleagues can argue the doom and gloom scenarios they are painting about this amendment.

So, again, Senator SHELBY should be commended for his leadership and his amendment should be adopted, insisted on in conference, and signed into law by the President.

GOVERNMENT SHUTDOWN PREVENTION ACT

Mr. GRAMS. Mr. President, I rise today to express my deep disappointment and frustration about the Senate's inaction to consider and pass the Government Shutdown Act.

Mr. President, this week I sought to offer S. 547, the Government Shutdown Prevention Act, as an amendment to the Legislative Branch Appropriations. This amendment, originally sponsored by Senator MCCAIN, would create an automatic procedure for a CR at the end of each fiscal year. The essence of the amendment is that we cannot and will not allow a Government shutdown, we will not allow disruption of the services we rely on from the Government, and we will simplify and facilitate the process of passing a continuing resolution.

What issue is more relevant to the legislative branch than acting responsibly to keep the Government in business? This amendment would have ended the annual battle we have each year on what is included in a CR and at what level of spending. It would end the last-minute mischief of adding new pork and new spending into a CR because everybody wants to avoid a shutdown. So you are blackmailed into doing something you do not want to do.

Unfortunately, I was unable to offer this amendment due to germaneness concerns and lack of leadership support.

In May of 1997, during the debate on the Supplemental Appropriation bill—this was covering the flood disasters that occurred in Minnesota and the Dakotas of that year, and others around the country—Senators MCCAIN and HUTCHISON offered this amendment, but later withdrew it based on a commitment made by both Senate majority and minority leaders that the Government Shutdown Prevention Act would be allowed to be considered as a separate measure in the near future. The leaders specifically promised a full debate on the legislation with one relevant amendment for each leader.

Mr. President, I would remind my colleagues of the word of the Minority Leader at a news conference he held back on June 11, 1997. I am quoting here from a transcript of the news conference:

> Senator ROD GRAMS sent a letter to all leadership yesterday which offers a very simple, yet I think extraordinarily acceptable solution: strip out the legislation that is the source of the controversy.

So back again to why the President vetoed the emergency supplemental, it was because of this very part.

The minority leader went on to say:

> Have an up or down vote on the census, have an up or down vote on the CR, have an up or down vote on the disaster bill. I cannot think of anything more simple than that. I think it is the right thing to do. I have indicated to Senator LOTT this morning that I think it is the right thing to do.

In a news conference the following day, the Minority Leader repeated his support again:

> We would be willing to set a time certain for each of the pieces of legislation, very short time limits for debate ended. I think it is an excellent proposal, and I am hopeful that that is ultimately what we agree to.

Mr. President, that was indeed what we ultimately agreed to.

It has been over a year now since that debate ended. The Senate never had an opportunity to consider this as a separate measure, so I have chosen to again raise this as a non-controversial measure that will force the Congress to act responsibly to avoid a government shutdown, and also for those who made those promises to live up to their word.

During last year's debate, some of my colleagues argued that since a budget agreement was reached between the White House and Congress, there was no need for this amendment anymore. I argued at the time that the budget agreement made the amendment even more crucial for a responsible government. And here we are again, with just a few weeks left in this session to consider 10 appropriations bills and all 13 conference reports.

My major concerns were, and still are, that the many economic assumptions and spending priorities within the budget agreement make our budget and appropriation process uncertain. The current budget disagreements have again clearly proved my point.

Mr. President, as you know, during this year's budget debate, some members are calling for more spending for their favorite programs. Others, like myself, prefer larger tax cuts and larger spending reductions. As a result, the House and the Senate have approved a budget resolution with significantly different tax and spending priorities. Those differences have prevented us from completing the budget resolution conference report, which is long overdue in accordance with our budgetary rules. It is possible that Congress may not be able to produce a budget this year at all, or finish the regular appropriations legislation before the fiscal year ends on September 30 of 1998.

What would this mean, Mr. President? This means the American people will have once again been held hostage to a government shutdown simply because Congress and the White House, or the House and the Senate, do not agree on tax cuts and spending priorities, or seek to slow down the appropriations process by offering controversial or non-germane amendments.

In 1995, we witnessed the longest federal government shutdown in history, which caused financial damages and inconvenience to millions of Americans simply because of disagreements between the Congress and the President in our budget process.

That was a very costly shutdown. The shutdown disrupted the lives of

hundreds of thousands of Americans. Some retirees and veterans could not promptly receive their social services, such as Medicare benefits. Families could not obtain passports, or visit national parks and museums. Millions of dollars were lost to small business owners and local communities. Federal employees were furloughed with a fear of not getting paid, although they were—at again, a loss to the taxpayer. Even our troops stationed overseas were affected by the shutdown. The interruption caused immeasurable financial damage to the American people and to this country, bottom line.

The most serious damage done by the 27-day shutdown was that it shook the American people's confidence in their government and in their elected officials. Even today, we have not yet undone this damage. We need to restore the public's faith in its leaders by showing that we have learned from our mistakes. Passage of this good-government contingency plan will send a clear message to the American people that we will no longer allow them to be held hostage in budget disputes between Congress and the White House or among ourselves.

We all have different philosophies and policies on budget priorities, and of course we will not always agree. But there are essential functions and services of the federal government we must continue regardless of our differences in budget priorities.

More often, without a good-government contingency plan, the continuing resolution has become impossible as we argue over funding levels and whether pork project ''A'' or pork project ''B'' deserves our support. Debate on program funding is not based on merits but on political leverage. As a result, billions of the taxpayers' hard-earned dollars are wasted in this process.

The virtue of this amendment is that it would allow us to debate issues about our spending policy and the merits of budget priorities while we continue to keep essential government functions operating. The American people will no longer be held hostage to a government shutdown. So, as I said earlier, there are still plenty of uncertainties involved in our budget and appropriations process, particularly this year. If we continue on our current course and the government again shuts down as it did three years ago, it will be another devastating blow to the American people, from senior citizens to disaster victims.

We must ensure that a good-government contingency plan is in place to keep the government up and running in the event that a budget agreement is not reached.

Mr. President, this good-government contingency plan is sound policy, I believe it is wise policy, and it is responsible policy. With a dwindling number of legislative days left in this Congress, I strongly believe that it is vitally important to immediately consider and pass this overdue measure to end the annual shutdown battle we face every year. This should be non-controversial legislation we can all support. I therefore strongly urge the Senate leadership to bring this legislation up for a full debate and vote as earlier agreed.

Is there any time remaining?

The PRESIDING OFFICER. The Senator has 7 minutes and 19 seconds remaining.

Mr. GRAMS. Mr. President, I yield back my remaining time, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

The distinguished Senator from Tennessee is recognized.

PATIENTS' BILL OF RIGHTS

Mr. FRIST. Mr. President, I rise today to speak on the Patients' Bill of Rights, a bill that was introduced last week by my colleague from Oklahoma, Senator DON NICKLES, and members of the Senate Republican Task Force on Health Care Quality, our distinguished majority leader, TRENT LOTT, with a total of 47 cosponsors.

I am really quite pleased with this particular bill. I have had the opportunity to work on the task force because it is a product of months and months of very thoughtful discussion, vigorous debate among ourselves. I think, as most people know, on the task force were some of our most conservative members and some of our most moderate members within our caucus. It really is a consensus proposal to improve health care quality. As a practicing physician, I am absolutely convinced that health care is delivered best when that relationship between the doctor and the patient is given the very highest priority. My goal in this debate, the debate that we will have over the coming weeks, is to do everything possible to empower patients and doctors to be that focal point, to be that place where ultimately the quality of care is decided.

Much of the debate will center around who is practicing medicine today. Is it bureaucrats in Washington? Is it bureaucrats in health maintenance organizations? Is it bureaucrats in the U.S. Congress? Ultimately, I think that we can address this issue, if in coming together in a bipartisan way with a reasonable, timely voice, with a reasonable thought, come back to that central premise that the doctor and the patient or the nurse and the patient, at the level where that really very intimate interaction is carried out, where one's problems are professed and treatment plans and diagnoses are generated, if we keep coming back to that as being the central focus of the Patients' Bill of Rights in everything that we do over the next several weeks, we will be doing a great service to the public, to all Americans.

Now, our proposal that has been put forth is grounded on a Patients' Bill of Rights. It offers a number of protections for individuals, for patients, for potential patients, and that is No. 1, by guaranteeing full access to information as to what is in one's health plan.

If you ask your typical Tennessean or American, you say, what really does your plan cover and what does it not cover, most of us, including me, throw up our hands and say, ''I don't know.'' If you, going back to my own field, develop a cardiomyopathy and a sick heart, it deteriorates over time and you need a heart transplant, does your plan, I could ask any of my colleagues, cover heart transplants? And they will probably say, ''I don't know. I understand it is very expensive. I also understand it could save my life. But I don't know the answer to that question.''

We need to guarantee full access to everybody. Whether it is a health maintenance organization, a managed care plan, any type of plan, we need to guarantee that patient full access to that information. We do that in our bill.

Secondly, we do need to make sure that patients receive the necessary emergency care, and it really does boil down to the fact that if a so-called prudent lay person, meaning somebody with average intelligence, common sense, develops chest pain, they don't know whether it is indigestion or a massive heart attack. They go to the emergency room. They should be able to walk into that emergency room and be taken care of without fear that coverage will be denied for that particular service. We address that right up front. We allow patients to keep their doctor during a pregnancy or extended illness even if their doctor for some reason leaves a plan or is terminated from a plan, so-called continuity of care. We allow individual patients direct access to that pediatrician without having to go through a gatekeeper or to that obstetrician or gynecologist without having to go through a gatekeeper first.

The great fear I think that all of us in America have today, and I think it is the fear that, again, drives much of the debate, is that our health plan will not be there for us if we get sick. If my young 11-year-old son develops a heart murmur, a virus, will there be somebody there to help him? Will that health plan respond to those needs? Or will my HMO deny me seeing the doctor who I feel is the very best person to take care of my son, who I know and people have told me is a better doctor. Will I be denied the opportunity to see that doctor by my health plan?

Many people fear that they will be denied the benefits they have even paid for and that they have been promised. Others are absolutely convinced today that their health plan cares much more about cost, cares much more about profits, cares much more about the