that period. Because the AIP provides grants to fund capital improvement and planning projects for more than 3,300 of the nation's state and locally operated commercial airports and general aviation facilities, those airports could realize significant benefits from this increase.

The bill also would expand the uses and change the distribution of AIP funds. For instance, it would increase from $500,000 to $1.5 million the minimum amount of money going to each of the nation's 428 primary airports from the entitlement portion of the AIP. (Primary airports board more than 10,000 passengers each year.) These funds are distributed based on the number of passengers boarding at an airport. The amount of money received per passenger would be significantly increased, and the current $22 million cap would be eliminated. The bill would also allow non-primary and reliever airports to receive up to $200,000 in entitlement funds per eligible airport. (Non-primary airports board between 2,500 and 10,000 passengers each year; reliever airports are designated by the FAA to relieve congested primary airports.)

Under this bill, eligible airports, under certain circumstances, would be able to increase passenger facility charges (PFCs) to $6 from the current $3 limit. Based on information from the General Accounting Office and the FAA, CBO estimates that if all airports currently charging PFCs chose to increase them, revenues would total about $475 million for every $1 increase in the fee. The revenue generated from increased PFCs could be used to leverage tax-exempt bonds for airport projects. The bill also would increase to 25 the number of airports eligible to participate in an innovative financing pilot program. Under this program, eligible airports could use AIP funds to leverage new investment financed by additional tax-exempt debt.

Title II of the bill would deregulate the number and timing of takeoffs and landings (slots) at La Guardia Airport, Chicago O'Hare International Airport, and John F. Kennedy International Airport, effective March 1, 2000. Title II also would increase the number of slots available at Ronald Reagan Washington National Airport by six, subject to certain criteria. In general, as a condition of receiving money from the AIP, airports must agree to provide gate access, if available, to air carriers granted access to a slot. Based on information from the affected airports, CBO estimates that the increase in slots would have an insignificant impact on their budgets.

Estimated impact on the private sector: H.R. 1000 would impose new mandates by requiring safety equipment for specific aircraft, imposing consumer and employee protection provisions, and imposing new requirements for commercial air tour operations over national parks. Those mandates would affect owners of fixed-wing aircraft, air carriers, end-users of aircraft parts, commercial air tour operators, and cargo aircraft owners and operators. CBO estimates that the total direct costs of the mandates would not exceed the annual threshold for private-sector mandates ($100 million in 1996, adjusted for inflation).

Owners of fixed-wing powered aircraft

Section 510 would require the installation of emergency locator transmitters on certain types of fixed-wing, powered civil aircraft. It would do this by eliminating certain uses from the list of those currently excluded from that requirement. Most aircraft that would lose their exemption and currently do not have emergency locator transmitters are general aviation aircraft. According to information from the National Air Transportation Association, the trade association representing general aviation, the cot of acquiring and installing an emergency locator transmitter would range from $2,000 to $7,000 depending on the type of aircraft. CBO estimates that fewer than 5,000 aircraft would be affected, and that the cost of this mandate would be between $15 million and $30 million.

Air carriers

Sections 402 and 403 would add new requirements to the plans to address the needs of families of passengers involved in aircraft accidents. Currently both domestic air carriers that hold a certificate of public convenience and necessity and foreign air carriers that use the United States as a point of embarkation, destination, or stopover are required to submit and comply with those plans. This bill would require that as part of those plans air carriers give assurance that they would provide adequate training to their employees and agents to meet the needs of survivors and family members following an accident. In addition, domestic air carriers would be required to provide assurance that, if requested by a passenger's family, the air carrier would inform them whether the passenger's name appeared on the preliminary manifest. Updated plans would have to be submitted to the Secretary of Transportation and the Chairman of the National Transportation Safety Board on or before the 180th day following enactment.

The bill does not specify what level of training would be adequate for air carriers to be able to provide required assurance. Based on information from representatives of air carriers, CBO concludes that the major domestic and foreign air carriers and some smaller carriers currently provide training to deal with the needs of survivors and family members following an accident. In addition, the domestic carriers provide flight reservation information upon request, as would be required under H.R. 1000. CBO estimates that the cost of meeting the additional requirements would be small.

Section 601 would protect employees of air carriers or contractors or subcontractors if those employees provide air safety information to the U.S. government. Those firms would not be able to discharge or discriminate against such employees with respect to compensation, terms, conditions, or privileges of employment. Based on information provided by one of the major air carriers and the Occupational Safety and Health Administration, the agency that would enforce those provisions, CBO estimates that neither the air carriers nor their contractors would incur any direct costs in complying with this requirement.

Section 727 would grant the FAA the authority to request from U.S. air carriers information about the stations located in the United States that they use to repair contract and noncontract aircraft and aviation components. CBO expects that the FAA would request such information. Based on information from the FAA and air carriers, CBO anticipates that the carriers would be able to provide the information easily because it would be readily available and that any costs of doing so would be negligible.

End users of life-limited aircraft parts

Section 507 would require the safe disposition of parts with a limited useful life, once they are removed from an aircraft. The FAA would issue regulations providing five options for the disposition of such parts. The segregation of those parts to preclude their installation in aircraft is one option. Information from end users of such aircraft parts indicates that most currently segregate those parts before they reach the end of their useful life. CBO estimates that additional costs imposed by this mandate would be small since the end users would choose the most cost-effective method to safely dispose of such parts and most currently comply with the segregation option.

Commercial air tour operations

Title VIII would require operators of commercial air tours to apply for authority from the FAA before coducting tours over national parks or tribal lands within or abutting a national park. The FAA, in cooperation with the NPS, would devise air tour management plans for every park where an air tour operator flies or seeks authority to fly. The management plans would affect all commercial air tour operations up to a half-mile outside each national park boundary. The plans could prohibit commercial air tour operations in whole or in part and could establish conditions for operation, such as maximum and minimum altitudes, the maximum number of flights, and time-of-day restrictions. H.R. 1000 would not apply to tour operations over the Grand Canyon or Alaska. Those operations would be covered by other regulations.

CBO estimates that title VIII would impose no additional costs on the private sector beyond those that are likely to be imposed by FAA regulations under current law. CBO expects that the cost of applying to the FAA for authority to operate commercial air tours over national parks or tribal lands would be negligible.

Cargo aircraft owners and operators

Section 501 would mandate that a collision avoidance system be installed on each cargo aircraft with a maximum certified takeoff weight in excess 15,000 kilograms or more by December 31, 2002. Cargo industry representatives say they are currently developing a collision avoidance system using new technology and expect it to be installed in such cargo aircraft by the deadline, even if no legislation is enacted. CBO estimates that this mandate would impose no additional costs on owners and operators of cargo aircraft.

Estimate prepared by: Federal Costs: Victoria Heid Hall, for FAA provisions and NPS overflights; Christina Hawley Sadoti, for DOL penalties; Hester Grippando, for FAA penalties. Impact on State, Local, and Tribal Governments: Lisa Cash Driskill. Impact on the Private Sector: Jean Wooster.

Estimate approved by: Robert A. Sunshine, Deputy Assistant Director for Budget Analysis.

JERUSALEM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

Ms. BERKLEY. Mr. Speaker, I rise today to urge that the administration immediately move forward to establish a United States embassy in Jerusalem. It has been 4 years since Congress passed the Jerusalem Embassy Act of 1995. That act requires that the U.S. embassy must be moved to Jerusalem from its current location in Tel Aviv no later than May 31, 1999. That deadline passed last week. It is most regrettable that the administration is in the process of considering exercising its waiver option to again delay moving the embassy to Israel's capital city. Jerusalem is the capital of Israel. Around the globe, it is the policy of the United States to place its embassies in capital cities. But Israel is the glaring exception to this policy. There is no plausible reason for this glaring exception. It is vitally important that the administration act now to move the embassy, because the final status negotiations of the Middle East peace process which are in their initial stages will include talks about Jerusalem. It is imperative to establish now the U.S. conviction that realistic negotiations must be based on the principle that Jerusalem is the eternal, undivided capital of Israel and must remain united forever. If the embassy remains in Tel Aviv, it would encourage the Palestinians to persist in unrealistic expectations regarding Jerusalem and thus reduce the chances of reaching an agreement.

I urge the administration to follow the lead of Congress and establish the U.S. embassy in Jerusalem where it rightfully belongs now.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, the managed care issue was left unfinished in the last Congress. On the House side, the Patients' Bill of Rights was defeated by just five votes when it came to the floor and it was considered on the floor as a substitute to the Republican leadership's managed care bill which did pass and in my opinion was a thinly veiled attempt to protect the insurance industry from managed care reform.

I want to say, Mr. Speaker, that support among Democrats for passing the Patients' Bill of Rights is as strong as ever and it certainly needs to be. The Republican leadership in the House has reintroduced a bill that is virtually identical to what it moved last year, and on the Senate side earlier this year a Senate committee approved what I considered a sham managed care bill that does not allow patients to sue insurance companies but does allow insurance companies, not doctors and patients, to define medical necessity.

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Mr. Speaker, what the Democrats are trying to do in the next week or so is to bring the Patients' Bill of Rights to the floor, and because of the fact that we have been unable, as in the last session of Congress to get any hearings or committee action on the bill in the House, we have already put in place a procedure known as a discharge petition which will probably ripen next week and which will allow Members to come down to the floor and sign the petition to essentially force the Republican leadership to bring up a vote on the Patients' Bill of Rights.

In many ways it is unfortunate that we are reduced to that. The bottom line is that the Republicans are in the majority in this House, not the Democrats, and if the Democrats cannot get a bill brought up in committee because they are not in the majority, they do not chair the committees, then the only recourse they have is to resort essentially to the discharge petition process and hope that we can get a majority, all the Democrats and some Republicans, to force a vote on the Patients' Bill of Rights.

I wanted to say, Mr. Speaker, that another disturbing development has apparently taken place in the House over the last week, and that is that a few months ago we had heard that there were rumors that instead of moving a comprehensive managed care reform bill, the Republicans might try to bring up bits and pieces of patient protection. In other words, instead of bringing the comprehensive Patients' Bill of Rights to the floor, they would bring up bills that only deal with emergency room care or external appeals or whatever.

I just wanted to say that this approach should concern anyone who really cares about managed care reform. I think it is being considered as a means by which the Republicans hope to avoid the debate, a real debate on the whole comprehensive issue of managed care reform, particularly the right to sue and the issue of medical necessity.

What I think the Republicans may try to do is to bring up these individual bills in this piecemeal approach and then give the impression that somehow they are doing something on the issue of managed care reform or patient protection, when in fact they are not.

If this piecemeal approach is adopted, I think the concerns of the American people are certain to be ignored, the issues they care about the most will be left off the table in order to appease the insurance industry, and those pieces of patient protection that do get to the floor will be riddled with loopholes and all kinds of escape clauses.

Healthcare problems and the deaths and the serious injuries and serious problems that we have seen that have occurred because of the inability of patients to get a particular procedure, an operation, to be able to stay in the hospital, these things will continue to happen unless we have comprehensive managed care reform like the Patients' Bill of Rights.

I have a number of my colleagues here with me tonight to join in this special order, and I should say that every one of them has been involved in a major way, either as a member of our Democratic Health Care Task Force or members of the Committee on Commerce, or one of my colleagues from New Jersey's case, the ranking member on the Subcommittee on Education and Labor that deals with managed care reform, and I am pleased they are with me.

Mr. Speaker, I yield to my colleague from Arkansas, who has been one of the leaders on the issue of managed care reform. He is a cochair of our Health Care Task Force. It was he who last year brought up the Patients' Bill of Rights as a substitute on a motion to recommit and allowed us to consider the bill on the floor of the House.

Mr. BERRY. Mr. Speaker, I thank my distinguished colleague from New Jersey for yielding.

Mr. Speaker, once again we are here asking the Republican leadership to bring patients rights legislation to the floor for a vote, once again. We need this reform so we can make managed care work. We need managed care.

We are only asking the leadership to do the job the American people want them to do, to bring up a bill to guarantee all Americans with private health insurance, and particularly those in HMOs or other managed care plans, certain fundamental rights regarding their healthcare coverage.

Today approximately 161 million Americans receive medical coverage through some type of managed care organization. Unfortunately, many in managed care plans experience increasing restrictions on their choice of doctors, growing limitations on their access to necessary treatment, difficulty in obtaining the drugs they need and should have and must have to stay alive, and an overriding emphasis on cost cutting at the expense of quality.

Patients rights legislation would guarantee basic patient protections to all consumers of private insurance. It would ensure that patients receive the treatment they have been promised and paid for. It would prevent HMOs and other health plans from arbitrarily interfering with doctors' decisions regarding the treatment of their patients and the necessary healthcare that they require.

Patients rights legislation would restore the patient's ability to trust that their healthcare practitioner's advice is driven solely by health concerns and not cost concerns.

HMOs and other healthcare plans would be prohibited from restricting which treatment options doctors may discuss with their patients. One of the most critical patient protections that would be provided is guaranteed access to emergency care. We would ensure that patients could go to any emergency room during a medical emergency without calling their health plan for permission first. Emergency room doctors could stabilize the patient and