

was severed, again disrupting the lives and livelihoods of tens of thousands of residents and businesses.

Mr. Speaker, after decades of debate and lawsuits, the voters of San Mateo County have put an end to the battle with CALTRANS over how to resolve the problem of Devil's Slide. Voters decided overwhelmingly in favor of a local referendum to approve a mile-long tunnel at Devil's Slide instead of a bypass which would involve extensive cutting and filling of Montara Mountain. The referendum amends the local coastal plan, substituting a tunnel as the preferred permanent repair alternative for Highway 1 at Devil's Slide, and prohibits any other alternative unless approved by the voters. Following the release of a Federal Highway Administration sponsored study which found that the tunnel is environmentally feasible and its costs would not differ significantly from the costs of a bypass, CALTRANS reversed its opposition to a tunnel at Devil's Slide.

Mr. Speaker, today I am introducing important legislation to ensure that funds already appropriated and obligated for Devil's Slide will remain available to CALTRANS to build the tunnel at Devil's Slide. This legislation, entitled the "Devil's Slide Tunnel Act," will provide greater flexibility to State transportation officials to use Federal funds already appropriated by Congress to fix this vital transportation link. Joining me as cosponsors of this legislation are bipartisan members of the bay area congressional delegation whose constituents are most affected by the Devil's Slide highway problem—my colleagues, TOM CAMPBELL, of San Jose, ANNA ESHOO of Atherton, and NANCY PELOSI of San Francisco.

Mr. Speaker, if local and State agencies and the citizens of a region determine that a better transportation alternative exists than the alternative for which funds have been obligated, then the Federal Government should grant greater funding flexibility, as long as all other Federal laws are complied with. It is important that we not permit these funds to lapse. The rebuilding of a severely damaged highway in its existing location may no longer be feasible, and in such cases funds already available to a community should continue to be available.

History tell us that Devil's Slide will wash out again—it is only a matter of time. It is my hope that swift enactment of this legislation will ensure a permanent solution to the residents of the Coastside. I urge my colleagues to support the "Devil's Slide Tunnel Act."

STATEMENT OF THOMAS M. DAVIS  
IN HONOR OF MR. EVANS RICHARDSON, III

HON. THOMAS M. DAVIS

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 7, 1997*

Mr. DAVIS of Virginia. Mr. Speaker, I rise today to express my deep appreciation for the invaluable service Mr. Evans Richardson III has provided to me and the constituents of the 11th District of Virginia over the past 11 months. An executive manager with McDonnell Douglas in St. Louis, MO, Evans brought a unique and thoughtful perspective to my office in working on legislative and constituent matters as a 1996 Brookings Congressional

Fellow. Almost immediately after he joined my personal staff, he took on a great deal of responsibility, focusing on several key issues such as transportation, environment, affirmative action, and banking. Evans performed his duties with admirable dedication and enthusiasm.

Evans lives in St. Louis, MO, with his wife, Betty and their son Evans IV. He is a graduate of Washington University, and has worked for McDonnell Douglas for 12 years.

Taking an active role in one's community is a responsibility we all share, but which few of us fulfill. Evans actively works for the betterment of his community by serving on the board of directors of several community organizations, including the St. Charles Chamber of Commerce, Herbert Hoover Boys and Girls Club, and the Marygrove Catholic Home for Children.

It has been an honor and a privilege to have Evans Richardson on my staff. I have not only looked to him for legislative counsel, but I trust him as a valued confidante. His candid advice and opinion is always appreciated. I know that my staff and I will dearly miss him. Mr. Speaker, I know my colleagues will join me in thanking Evans for his service to the 104th Congress and wish him continued success in his future endeavors.

FAIR HEALTH INFORMATION  
PRACTICES ACT OF 1997

HON. GARY A. CONDIT

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 7, 1997*

Mr. CONDIT. Mr. Speaker, I have today introduced the Fair Health Information Practices Act of 1997. The purpose of this bill is to establish a uniform Federal code of fair information practices for individually identifiable health information that originates or is used in the health treatment and payment process.

This is the third time that I have introduced a health privacy bill, and I hope that the third time is the charm. In the 103d Congress, I introduced H.R. 4077. The bill was the subject of several days of hearings in 1994. In August 1994, the bill was reported by the Committee on Government Operations and became the confidentiality part of the overall health care reform effort. While my bill died along with the rest of health care reform, it was one of the only noncontroversial parts of health reform. In the 104th Congress, I introduced H.R. 435, a bill that was identical to the version reported by the Committee on Government Operations in 1994. A lengthy explanation of the bill can be found in the Government Operations Committee report, House Report 103-601 part V. That report remains highly relevant to this year's bill as well.

During the last 2 years, most of the action on health privacy took place on the Senate side. The leading Senate bill was S. 1360 which was introduced by Senator BENNETT. His bill and mine have many similarities in language and structure, but there are also numerous smaller but significant differences. In addition, my bill covers several aspects of health privacy that were not included in Senator BENNETT'S original bill. I am aware that several interim drafts were developed by Senator BENNETT during the course of the Con-

gress, and these drafts narrowed some of the differences between our two bills. I look forward to the new version of the Senate bill. My bill is largely similar to H.R. 435, but I have made several changes based on new ideas and developments that emerged in the last 2 years. The substantive changes in this year's proposal are:

(1) References to health information service organizations have been dropped. This was a place holder for other institutions that were being developed in the context of broad health care reform. The references are no longer meaningful.

(2) The section on "Accounting for Disclosures" has been retitled as "Disclosure History." Nothing substantive was changed, but the new language is more descriptive.

(3) In section 1.01, I added language to the patient access section making it clear that copies of records have to be provided to the patient in any form or format requested by the patient if the record is readily reproducible by the trustee in that form or format. The language was inspired in part by the recently passed Electronic Freedom of Information Amendments. The purpose is to make sure that a patient can have a record in a format that will be meaningful to the patient or useful to other health care providers.

(4) Also in section 1.01, the exception to patient access for mental health treatment notes has been eliminated. The policy of the bill is that a patient should have broad access to his or her health record. Exceptions are provided only when there is a direct conflict with another interest or when access is meaningless or pointless. The only substantive exception had been for mental health treatment notes. Given the broad sweep of the access provision, I am not sure that this exception can be justified any more. I left it out this year so that the advocates of the exception would have to come forward to argue for its inclusion and make their case on the public record.

(5) New language in section 301(d) creates an Office of Information Privacy in the Department of Health and Human Services. The head of the office is the Privacy Advisor to the Department. This is not really a new office. The Department recently established a private Advocate. The purpose of the new legislative language is to define the health privacy functions of this office with more precision and permanence.

(6) Section 304 of the bill deals with preemption of State laws. This is a difficult subject that clearly need more work and thought. I added one new idea this year. New language provides that the States may impose additional requirements on its own agencies with respect to the use or disclosure of protected health information. The idea is a simple one. If a State wants to impose more stringent restrictions on the ability of State police, State fraud investigators, or other State offices to use or disclose protected health information, it may do so.

In this instance, higher standards will not interfere with access to or use of information by other authorized users or by the Federal Government. The goal is to allow States to set as high a floor as they choose with respect to their own activities. This will not undermine the uniformity principle otherwise reflected in the bill, and it will not affect the drive for administrative simplification or uniform technical standards. Only State agencies will be affected by my new language. I thought that this