

Mr. BREAUX, Mr. THURMOND, Mr. CHAFFEE, Mr. SMITH of New Hampshire, Mr. SARBANES, Mr. COVERDELL, Mr. CLELAND, Mr. GREGG, Mr. REED, Mr. KERRY, Mr. HELMS, Mr. BYRD, Mr. TORRICELLI, Mr. EDWARDS, Mr. LIEBERMAN, Mr. ASHCROFT, Mr. ROCKEFELLER, Mrs. LINCOLN, Mr. BIDEN, Mr. FIRST, Mr. BOND, and Mr. THOMPSON):

S.J. Res. 22. A joint resolution to reauthorize, and modify the conditions for, the consent of Congress to the Northeast Interstate Diary Compact and to grant the consent of Congress to the Southern Diary Compact; read the first time.

#### SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. DURBIN (for himself and Mr. FITZGERALD):

S. Res. 86. A resolution supporting the National Railroad Hall of Fame, Inc. of Galesburg, Illinois, in its endeavor to erect a monument known as the National Railroad Hall of Fame; to the Committee on Commerce, Science, and Transportation.

By Mr. DURBIN (for himself, Mr. BOND, and Mr. MOYNIHAN):

S. Res. 87. A resolution commemorating the 60th Anniversary of the International Visitors Program; to the Committee on Foreign Relations.

By Mr. SMITH of Oregon (for himself, Mr. WELLSTONE, Mr. THOMAS, Mr. SARBANES, and Mr. BROWNBACK):

S. Con. Res. 30. A concurrent resolution recognizing the sacrifice and dedication of members of America's non-governmental organizations and private volunteer organizations throughout their history and specifically in answer to their courageous response to recent disasters in Central America and Kosovo; to the Committee on Foreign Relations.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BENNETT (for himself, Mr. MACK, Mr. MURKOWSKI, and Mr. SANTORUM):

S. 881. A bill to ensure confidentiality with respect to medical records and health care-related information, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

THE MEDICAL INFORMATION PROTECTION ACT OF 1999

Mr. BENNETT. Mr. President, I rise today to introduce the Medical Information Protection Act of 1999. Trying to find the right balance between legitimate uses of health care data and the need for privacy has been a very difficult road to go down; however, I feel that great progress has been made and that the legislation that I am introducing strikes the right balance between the desire the patient has for increased confidentiality and the need our health care system has for information that will enable it to provide a higher quality of care. I am pleased that Senators MACK, MURKOWSKI and SANTORUM have joined me as co-sponsors of this legislation and I am hope-

ful that a number of other senators will soon join us as well. In addition, I am pleased to include in the record a list of groups that have come out in support of this legislation. I am grateful for the many comments and suggestions I have received from a wide variety of organizations and individuals.

Most of us wrongly assume that our personal health information is protected under federal law. It is not. Federal law protects the confidentiality of our video rental records, and federal law ensures us access to information about us such as our credit history. However, there is no current federal law which will protect the confidentiality of our medical information against unauthorized use and ensure us access to that same sensitive information about us. This is a circumstance that I believe should and must change.

At this time, the only protection of an individual's personal medical information is under state law. These state laws, where they exist, are incomplete, inconsistent and in most cases inadequate. At last check, there were approximately 35 states with 35 unique laws governing the use and disclosure of medical information. Even in those states where there are existing laws, there is no penalty for releasing and disseminating the most private information about our health and the health care we have received.

As our health care delivery systems continue to expand across state lines, efficiency, research advances and the delivery of the highest quality of care possible depend upon the flow of information. This year alone, a large number of states have either considered passing new legislation or have attempted to modify existing laws. As states act to meet the concerns of their residents, the patchwork of state laws become ever more complex. If this trend continues, the high quality care and research breakthroughs we have come to expect and demand from our health care system would be jeopardized because health care organizations would be forced to track and comply with multiple, conflicting and increasingly complex state laws.

Clearly, in today's world, health information must be permitted to flow across state lines if we are to expect the highest level of health care. For example, in Utah, Intermountain Health Care (IHC), the largest care provider based in my state also provides care in four other western states. IHC currently maintains secure databases of patient information which each of its member facilities in Utah, Nevada, Idaho and Wyoming draw upon to provide and improve care. Requiring them to comply with multiple state laws does not add to the quality of health care they provide, but does add to the cost of health care they provide. Many IHC patients live in one state yet their closest hospital, clinic or physicians office is in another state. I am sure this example appears throughout the country in one form or another given

the consolidation of the health care industry and the large percentage of us who live near state lines.

In addition, we are seeing an emergence of telemedicine and health care services over the internet that adds another degree of complexity to this entire circumstance. Technology is not only improving the quality of care and improving patient access to services, it is also making the need for one strong federal law more critical. The majority of providers, insurers, health care professionals, researchers and patients agree that there is an increasingly urgent need for uniformity in our laws that govern access to and disclosure of personal health information.

Mr. President, I remind my colleagues that if we do not act by August of 1999 the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the Secretary of Health and Human Services (HHS) to put in to place regulations governing health information in an electronic format. Thus, we could have a circumstance where paper based records and electronic based records are treated differently. I do not believe Congress wants to protect one form of medical records and not another, and I do not think that we should permit the Secretary of Health and Human Services to implement regulations without further direction from the Congress. Congress should not neglect its responsibility and duty to legislate and provide appropriate direction to the executive branch. I urge my colleagues to work with me to pass legislation that would give HHS clear direction and provide each American with greater protection of their health information.

Mr. President, I ask unanimous consent that the bill and a list of groups supporting this legislation be included in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

S. 881

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Medical Information Protection Act of 1999".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Purposes.
- Sec. 4. Definitions.

#### TITLE I—INDIVIDUAL'S RIGHTS

Subtitle A—Review of Protected Health Information by Subjects of the Information

- Sec. 101. Inspection and copying of protected health information.
- Sec. 102. Amendment of protected health information.
- Sec. 103. Notice of confidentiality practices.

Subtitle B—Establishment of Safeguards

- Sec. 111. Establishment of safeguards.
- Sec. 112. Accounting for disclosures.

#### TITLE II—RESTRICTIONS ON USE AND DISCLOSURE

- Sec. 201. General rules regarding use and disclosure.