18358

Creditors may rely upon the use of electronic communications to acknowledge requests for delivery of disclosures, notices and other information through electronic communications provided that the consumer:

Electronic consents to online disclosures and/or acknowledgments and does so electronically; receives a description of the type of information to be provided electronically; receives an explanation of how to access and retain the online disclosures, including consideration of the consumer's ability to print or download such disclosures; and receives a notice of the period of time that the information will be available to the consumer in electronic form.

The legislation provides the appropriate regulator with the authority to prescribe regulations from time to time to clarify the procedures applicable to the delivery of electronic communications. The legislation further provides the appropriate regulator with the authority to prescribe, without affecting or impairing the legal effectiveness of the delivery of electronic communication provided for in the Act, procedures which provide consumers with the option to request paper copies of any such communications if it finds that such procedures are necessary and appropriate to supplement electronic communications. The legislation would be effective upon date of enactment.

The legislation addresses only electronic delivery of information to consumers. It does not affect the substantive rights and responsibilities of any party or the content of any disclosure, including both the timing and format of disclosures and the information to be provided.

EXTENSIONS OF REMARKS

Mr. BEREUTER. Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald.

[From the Omaha World-Herald, July 21, 1999]

Mr. BEREUTER. Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald.

"On paper, the plans that reformers thought would curtail costs into the stratosphere. Some HMOs want the right to decline reimbursement for emergency room treatment. Is that reasonable? In a case of medical necessity, of course it is not.

HMOs, in attempting to drive the cost back down, have sometimes gone too far in denying care. Although determining the extent of the problem is difficult, it has caused physicians to recoil in horror at the damage done to patients who were sent home from a hospital prematurely or in other ways denied treatment. Mandated coverage, such as a patient bill of rights, drives up costs, which are typically passed on to the buyers of the health-care coverage—the same businesses and patient groups that turned to HMOs to keep costs down. Policy-makers must not avoid the question of what would happen if costs were raised so high that more people, because of unaffordability, became uninsured. What would be the logic behind that?

The question is how to preserve the benefits of cost-cutting while minimizing its potential to hurt people. Reasonable people, including a handful of moderate Republicans, seem to be saying that a rational way exists to make the system more humane without sacrificing cost-control.

INTRODUCTION OF PATIENT ABUSE PREVENTION ACT OF 1999

Mr. FORNEY PETE STARK

OF CALIFORNIA

Tuesday, July 27, 1999

Mr. STARK. Mr. Speaker, I am pleased to introduce the "Patient Abuse Prevention Act of 1999," which is being simultaneously introduced in the Senate by Senator HERBERT

Mr. BERGER.

Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald. (From the Omaha World-Herald, July 21, 1999)

Mr. BEREUTER. Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald.

"On paper, the plans that reformers thought would curtail costs into the stratosphere. Some HMOs want the right to decline reimbursement for emergency room treatment. Is that reasonable? In a case of medical necessity, of course it is not.

HMOs, in attempting to drive the cost back down, have sometimes gone too far in denying care. Although determining the extent of the problem is difficult, it has caused physicians to recoil in horror at the damage done to patients who were sent home from a hospital prematurely or in other ways denied treatment. Mandated coverage, such as a patient bill of rights, drives up costs, which are typically passed on to the buyers of the health-care coverage—the same businesses and patient groups that turned to HMOs to keep costs down. Policy-makers must not avoid the question of what would happen if costs were raised so high that more people, because of unaffordability, became uninsured. What would be the logic behind that?

The question is how to preserve the benefits of cost-cutting while minimizing its potential to hurt people. Reasonable people, including a handful of moderate Republicans, seem to be saying that a rational way exists to make the system more humane without sacrificing cost-control.

INTRODUCTION OF PATIENT ABUSE PREVENTION ACT OF 1999

Mr. FORNEY PETE STARK

OF CALIFORNIA

Tuesday, July 27, 1999

Mr. STARK. Mr. Speaker, I am pleased to introduce the "Patient Abuse Prevention Act of 1999," which is being simultaneously introduced in the Senate by Senator HERBERT

Mr. BERGER.

Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald. (From the Omaha World-Herald, July 21, 1999)

Mr. BEREUTER. Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald.

"On paper, the plans that reformers thought would curtail costs into the stratosphere. Some HMOs want the right to decline reimbursement for emergency room treatment. Is that reasonable? In a case of medical necessity, of course it is not.

HMOs, in attempting to drive the cost back down, have sometimes gone too far in denying care. Although determining the extent of the problem is difficult, it has caused physicians to recoil in horror at the damage done to patients who were sent home from a hospital prematurely or in other ways denied treatment. Mandated coverage, such as a patient bill of rights, drives up costs, which are typically passed on to the buyers of the health-care coverage—the same businesses and patient groups that turned to HMOs to keep costs down. Policy-makers must not avoid the question of what would happen if costs were raised so high that more people, because of unaffordability, became uninsured. What would be the logic behind that?

The question is how to preserve the benefits of cost-cutting while minimizing its potential to hurt people. Reasonable people, including a handful of moderate Republicans, seem to be saying that a rational way exists to make the system more humane without sacrificing cost-control.

INTRODUCTION OF PATIENT ABUSE PREVENTION ACT OF 1999

Mr. FORNEY PETE STARK

OF CALIFORNIA

Tuesday, July 27, 1999

Mr. STARK. Mr. Speaker, I am pleased to introduce the "Patient Abuse Prevention Act of 1999," which is being simultaneously introduced in the Senate by Senator HERBERT

Mr. BERGER.

Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald. (From the Omaha World-Herald, July 21, 1999)

Mr. BEREUTER. Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald.

"On paper, the plans that reformers thought would curtail costs into the stratosphere. Some HMOs want the right to decline reimbursement for emergency room treatment. Is that reasonable? In a case of medical necessity, of course it is not.

HMOs, in attempting to drive the cost back down, have sometimes gone too far in denying care. Although determining the extent of the problem is difficult, it has caused physicians to recoil in horror at the damage done to patients who were sent home from a hospital prematurely or in other ways denied treatment. Mandated coverage, such as a patient bill of rights, drives up costs, which are typically passed on to the buyers of the health-care coverage—the same businesses and patient groups that turned to HMOs to keep costs down. Policy-makers must not avoid the question of what would happen if costs were raised so high that more people, because of unaffordability, became uninsured. What would be the logic behind that?

The question is how to preserve the benefits of cost-cutting while minimizing its potential to hurt people. Reasonable people, including a handful of moderate Republicans, seem to be saying that a rational way exists to make the system more humane without sacrificing cost-control.

INTRODUCTION OF PATIENT ABUSE PREVENTION ACT OF 1999

Mr. FORNEY PETE STARK

OF CALIFORNIA

Tuesday, July 27, 1999

Mr. STARK. Mr. Speaker, I am pleased to introduce the "Patient Abuse Prevention Act of 1999," which is being simultaneously introduced in the Senate by Senator HERBERT

Mr. BERGER.

Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald. (From the Omaha World-Herald, July 21, 1999)

Mr. BEREUTER. Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald.

"On paper, the plans that reformers thought would curtail costs into the stratosphere. Some HMOs want the right to decline reimbursement for emergency room treatment. Is that reasonable? In a case of medical necessity, of course it is not.

HMOs, in attempting to drive the cost back down, have sometimes gone too far in denying care. Although determining the extent of the problem is difficult, it has caused physicians to recoil in horror at the damage done to patients who were sent home from a hospital prematurely or in other ways denied treatment. Mandated coverage, such as a patient bill of rights, drives up costs, which are typically passed on to the buyers of the health-care coverage—the same businesses and patient groups that turned to HMOs to keep costs down. Policy-makers must not avoid the question of what would happen if costs were raised so high that more people, because of unaffordability, became uninsured. What would be the logic behind that?

The question is how to preserve the benefits of cost-cutting while minimizing its potential to hurt people. Reasonable people, including a handful of moderate Republicans, seem to be saying that a rational way exists to make the system more humane without sacrificing cost-control.

INTRODUCTION OF PATIENT ABUSE PREVENTION ACT OF 1999

Mr. FORNEY PETE STARK

OF CALIFORNIA

Tuesday, July 27, 1999

Mr. STARK. Mr. Speaker, I am pleased to introduce the "Patient Abuse Prevention Act of 1999," which is being simultaneously introduced in the Senate by Senator HERBERT

Mr. BERGER.

Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald. (From the Omaha World-Herald, July 21, 1999)