

Radio Remarks on Emergency Agricultural Assistance

October 29, 1999

Today, as provided for in the agriculture appropriations bill I signed last week, I am designating \$8.8 billion in emergency assistance to our Nation's farmers and ranchers. This assistance will hasten payments to farmers who are recovering from the second year in a row of low commodity prices and crop and livestock losses from severe drought and flooding.

This is only a one-year temporary fix for the overall problems facing our farmers. They are the lifeblood of our land. Again I call on the Congress to enact a permanent fix to the severe shortcomings in the 1996 farm bill.

NOTE: The President's remarks were recorded at approximately 6:20 p.m. on October 28 in the Map Room at the White House for later broadcast. The transcript was released by the Office of the Press Secretary on October 29. These remarks were also made available on the White House Press Office Actuality Line.

Remarks on Action To Preserve Privacy of Medical Records and an Exchange With Reporters

October 29, 1999

The President. Thank you, Secretary Shalala. I would like to thank you for all the work that you and so many people in your Department have done on this issue. I thank the representatives of the various groups who are here with me today for their concern for, and commitment to, the issue of medical records privacy. These health care and consumer advocates support what we are trying to do to protect the sanctity of medical records. I believe the American people will support us as well.

Every American has a right to know that his or her medical records are protected at all times from falling into the wrong hands. And yet, more and more of our medical records are stored electronically, and as they have been stored electronically the threats to our privacy have substantially increased.

So has the sense of vulnerability that so many millions of Americans feel.

To be sure, storing and transmitting medical records electronically is a remarkable application of information technology. Electronic records are not only cost effective; they can save lives by helping doctors to make quicker and better informed decisions, by helping to prevent dangerous drug interactions, by giving patients in rural areas the benefit of specialist care hundreds of miles away. So, on balance, this has been a blessing.

But as Secretary Shalala just said, our electronic medical records are not protected under Federal law. The American people are concerned and rightfully so. Two-thirds of adults say they don't trust that their medical records will be kept safe. They have good reason. Today, with the click of a mouse, personal health information can easily and now legally be passed around without patients' consent to people who aren't doctors, for reasons that have nothing to do with health care.

A recent survey showed that more than a third of all Fortune 500 companies check medical records before they hire or promote. One large employer in Pennsylvania had no trouble obtaining detailed information on the prescription drugs taken by its workers, easily discovering that one employee was HIV positive. This is wrong. Americans should never have to worry that their employers are looking at the medications they take or the ailments they've had.

In 1999 Americans should never have to worry about nightmare scenarios depicted in George Orwell's "1984." I am determined to put an end to such violations of privacy. That's why I'm honoring the pledge I made in the State of Union Address and using the full authority of this office to create the first comprehensive national standards for protection of medical records.

The new standards I propose would apply to all electronic medical records and to all health plans. They would greatly limit the release of private health information without consent. They would require health plans to inform patients about how medical information is used and to whom it is disclosed. They would give patients the right to see their own health files and to request corrections. They would require health plans and providers to