

stupid—like having unprotected sex in secret rather than having their parents find out that they wanted to be safe and responsible.

Mr. PAUL. Mr. Chairman, I am sorry that under the rule my amendment to the Labor-HHS-Education Appropriations bill is not permitted. This simple amendment forbids the Department of Health and Human Services from spending any funds to implement those sections of the Health Insurance Portability and Accountability Act of 1996 authorizing the establishment of a "standard unique health care identifier" for all Americans. This identifier would then be used to create a national database containing the medical history of all Americans. Establishment of such an identifier would allow federal bureaucrats to track every citizen's medical history from cradle to grave. Furthermore, it is possible that every medical professional, hospital, and Health Maintenance Organization (HMO) in the country would be able to access an individual citizen's record simply by entering the patient's identifier into the national database.

My amendment was drafted to ensure that the administration cannot take any steps toward developing or implementing a medical ID. This approach is necessary because if the administration is allowed to work on developing a medical ID it is likely to attempt to implement the ID on at least a "trial" basis. I would remind my colleagues of our experience with national testing. In 1997 Congress forbade the Department of Education from implementing a national test, however it allowed work toward developing national tests. The administration has used this "development loophole" to defy congressional intent by taking steps toward implementation of a national test. It seems clear that only a complete ban forbidding any work on health identifiers will stop all work toward implementation.

Allowing the federal government to establish a National Health ID not only threatens privacy but also will undermine effective health care. As an OB/GYN with more than 30 years experience in private practice, I know better than most the importance of preserving the sanctity of the physician-patient relationship. Oftentimes, effective treatment depends on a patient's ability to place absolute trust in his or her doctor. What will happen to that trust when patients know that any and all information given their doctor will be placed in a data base accessible by anyone who knows the patient's "unique personal identifier?"

I ask my colleagues, how comfortable would you be confiding any emotional problem, or even an embarrassing physical problem like impotence, to your doctor if you knew that this information could be easily accessed by friend, foe, possible employers, coworkers, HMOs, and government agents?

Mr. Chairman, the Clinton administration has even come out in favor of allowing law enforcement officials access to health care information, in complete disregard of the fifth amendment. It is bitterly ironic that the same administration that has proven so inventive at protecting its privacy has so little respect for physician-patient confidentiality.

My amendment forbids the federal government from creating federal IDs for doctors and employers as well as for individuals. Contrary to the claims of some, federal-ID numbers for doctors and employers threaten American liberty every bit as much as individual medical IDs.

The National Provider ID will force physicians who use technologies such as e-mail in their practices to record all health care transactions with the government. This will allow the government to track and monitor the treatment of all patients under that doctor's care. Government agents may pull up the medical records of a patient with no more justification than a suspicion the provider is involved in fraudulent activity unrelated to that patient's care!

The National Standard Employer Identifier will require employers to record employees' private health transactions in a database. This will allow coworkers, hackers, government agents and other unscrupulous persons to access the health transactions of every employee in a company simply by typing the company's identifier into their PC!

Many of my colleagues admit that the American people have good reason to fear a government-mandated health ID card, but they will claim such problems can be "fixed" by additional legislation restricting the use of the identifier and forbidding all but certain designated persons to access those records.

This argument has two flaws. First of all, history has shown that attempts to protect the privacy of information collected by, or at the command, of the government are ineffective at protecting citizens from the prying eyes of government officials. I ask my colleagues to think of the numerous cases of IRS abuses that were brought to our attention in the past few months, the history of abuse of FBI files, and the case of a Medicaid clerk in Maryland who accessed a computerized database and sold patient names to an HMO. These are just some of many examples that show that the only effective way to protect privacy is to forbid the government from assigning a unique number to any citizen.

Even the process by which the National Identifier is being developed shows disdain for the rights of the American people. The National Committee on Vital and Health Statistics, which is developing the national identifier, attempted to keep important documents hidden from the public in violation of federal law. In fact, one of the members of the NCVHS panel working on the medical ID chastised his colleagues for developing the medical ID "in an aura of secrecy."

Last September, NCVHS proposed guidelines for the development of the medical ID. Those guidelines required that all pre-decisional documents "should be kept in strict confidence and not be shared or discussed." This is a direct violation of the Federal Advisory Committee Act, which requires all working documents to be made public. Although NCVHS, succumbing to public pressure and possible legal action against it, recently indicated it will make its pre-decisional documents available in compliance with federal law, I hope my colleagues on the Rules Committee agree that the NCVHS attempt to evade the will of Congress and keep its work secret does not bode well for any future attempts to protect the medical ID from abuse by government officials.

The most important reason, legislation "protecting" the unique health identifier is insufficient is that the federal government lacks any constitutional authority to force citizens to adopt a universal health identifier, regardless of any attached "privacy protections." Any federal action that oversteps constitutional limita-

tions violates liberty for it ratifies the principle that the federal government, not the Constitution, is the ultimate arbitrator of its own jurisdiction over the people. The only effective protection of the rights of citizens is for Congress and the American people to follow Thomas Jefferson's advice and "bind (the federal government) down with the chains of the Constitution."

For those who claim that this amendment would interfere with the plans to "simplify" and "streamline" the health care system, under the Constitution, the rights of people should never take a backseat to the convenience of the government or politically powerful industries like HMOs.

Mr. Chairman, all I ask is that Congress by given the change to correct the mistake made in 1996 when they authorized the National Health ID as part of the Kennedy-Kasebaum bill. The federal government has no authority to endanger the privacy of personal medical information by forcing all citizens to adopt a uniform health identifier for use in a national data base. A uniform health ID endangers the constitutional liberties, threatens the doctor-patient relationships, and could allow federal officials access to deeply personal medical information. There can be no justification for risking the rights of private citizens. I therefore urge the Rules Committee to take the first step toward protecting Americans from a medical ID by ruling my amendment to the Labor-HHS-Education Appropriations bill in order.

Mrs. CLAYTON. The Labor-HHS-Education Appropriations Bill is one about priorities. Cutting successful and extremely important education and labor programs is not a priority for me.

Mr. Chairman, I am very disturbed about the number of programs that have been left out of this bill.

Strong employment and training programs for youth and adults would help mitigate problems arising from people who do not have the skills or the intent to be good employees. Yet, this Labor HHS and Education Appropriations bill decimates funding for these very programs. This bill eliminates funding for effective programs such as School-to-Work, Summer Jobs, and Job Corps.

By eliminating the Summer Jobs program, the bill denies jobs to a half-million of our most disadvantaged youth. Without these funds,  $\frac{3}{4}$  of the young people currently participating in this program would be without a job next year. Are these not the same youth who concern us because of their potential for gang affiliation, violence and crime?

The bill, in its original form, eliminated the Low-Income Home Energy Assistance Program (LIHEAP)—a program that helps 4.4 million low-income households pay their heating and cooling bills. However, the manager's amendment may appropriate money for LIHEAP, but it will only be a fraction of the 1.1 billion appropriated in advance last year for use in FY 1999. 1.5 million of the 4.4 million households have elderly members. 1.3 million have disabled members. And 2.1 million have children in poverty. Who, out of the 4.4 million households, will receive the benefit of this insufficient amount of money?

This bill also cuts funding for the Goals 2000 education reform program by 50% below current levels. And, it cuts OSHA workplace safety enforcement by 9% below the administration's request. It's ironic. How can you eliminate so many programs and claim to improve