

to recognize—and hope they recognize it, too—that our interests are sometimes different from theirs, and govern ourselves accordingly.

DEPARTMENTS OF COMMERCE,  
JUSTICE AND STATE, THE JUDICIARY,  
AND RELATED AGENCIES  
APPROPRIATIONS ACT, 2002

SPEECH OF

**HON. BRIAN BAIRD**

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 17, 2001*

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2500) making appropriations for the Departments of Commerce, Justice and State, the Judiciary, and related agencies for the fiscal year ending September 30, 2002, and for other purposes:

Mr. BAIRD. Mr. Chairman, I want to thank my colleague FRANK LUCAS for joining me in offering this important amendment.

The Methamphetamine/Drug Hot Spots Program provides funding for states to pay for the costs associated with fighting meth. This includes identifying and dismantling meth labs and training law enforcement to respond to labs.

Last year, Clark County in my district received funding from this program to hire an additional meth detective for our local drug task force.

As one of the founders of the Meth caucus, I am pleased to offer an amendment to increase the funding for this important program. Forty-two members of our caucus asked appropriators to increase funding for the Meth/Drug Hot Spots from \$48.5 million (FY01) to \$60 million. The bill before us today funds this program at \$48.3, \$11.7 less than requested by our bipartisan caucus.

Our amendment would increase the funding for this program to \$60 million. We are proposing to accomplish this by reducing the increase given to the International Broadcasting Operations by \$11.7 million, which received a \$32 million increase in this bill. Our amendment would still provide for more than a 5% increase for International Broadcasting Operations. This is still more than President Bush's request for no more than a 4% increase in the growth of federal spending.

I want to make clear that this amendment is in no way meant to take away from the important role that International Broadcasting Operations has in spreading the American ideals of freedom and democracy throughout the globe. The amendment is designed to help our law enforcement officials stop the scourge of methamphetamine abuse here at home.

I thank my colleague from Oklahoma for joining me in offering this amendment and I ask for your support.

THE PATIENT PRIVACY ACT

**HON. RON PAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 24, 2001*

Mr. PAUL. Mr. Speaker, I rise to introduce the Patient Privacy Act, which repeals 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, as well as prohibiting the use of federal funds to develop or implement a database containing personal health information.

Establishment of such a medical identifier, especially when combined with HHS's misnamed "federal privacy" regulations, 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 citizens' record simply by entering the patient's identifier into a health care database.

When the scheme to assign every American a unique medical identifier became public knowledge in 1998, there was a tremendous outcry from the public. Congress responded to the public outrage by including language forbidding the expenditure of funds to implement or develop a medical identifier in the federal budget for the past three fiscal years. Last year my amendment prohibiting the use of funds to develop or implement a medical ID unanimously passed the House of Representatives.

It should be clear to every member of Congress that the American public does not want a uniform medical identifier. Therefore, rather than continuing to extend the prohibition on funding for another year, Congress should simply repeal the authorization of the national medical ID this year.

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?

Many of my colleagues will 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.

The second, and 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, or force citizens to divulge their personal health information to the government, regardless of any attached "privacy protections." Any federal action that oversteps constitutional limitations violates liberty as 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."

Those who claim that the Patient Privacy Act would interfere with the plans to "simplify" and "streamline" the health care system, should remember that 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. Speaker, 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 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 my colleagues to join me in supporting the Patient Privacy Act.

PRIVATE CALENDAR AGREEMENT

**HON. HOWARD COBLE**

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 24, 2001*

Mr. COBLE. Mr. Speaker, I would like to take this opportunity to set forth some of the history behind, as well as describe the workings of the Private Calendar. I hope this might be of some value to the Members of this House, especially our newer colleagues.

Of the five House Calendars, the Private Calendar is the one to which all Private Bills are referred. Private Bills deal with specific individuals, corporations, institutions, and so forth, as distinguished from public bills which deal with classes only.

Of the 108 laws approved by the First Congress, only 5 were Private Laws. But their number quickly grew as the wars of the new Republic produced veterans and veterans' widows seeking pensions and as more citizens came to have private claims and demands against the Federal Government. The 49th Congress, 1885 to 1887, the first Congress for which complete workload and output data is available, passed 1,031 Private Laws, as compared with 434 Public Laws. At the turn of the century the 56th Congress passed 1,498 Private Laws and 443 Public Laws—a better than three to one ratio.

Private bills were referred to the Committee on the Whole House as far back as 1820, and a calendar of private bills was established in 1839. These bills were initially brought before the House by special orders, but the 62nd