an extraordinary, brazen, overt statement of unwillingness to heed the interests of the American people and to get to the bottom of any allegations of wrongdoing in any kind of fundraising. Anyone who suggests we can just sweep this under the rug because people are nervous up here, or somehow they think that looking at congressional inquiries might become the instigator of reform, and therefore, because they don't want reform, they are not going to investigate, is one of the most extraordinary efforts of turning your back on the interests of what we are supposed to be doing here and of the American people.

I will signal for myself, and I think there are other Senators who feel this way—no one is looking for some no-holds-barred embarrassment here. No one is looking for some fishing expedition. But where there are legitimate examples and legitimate allegations with respect to congressional abuses, it would simply be inappropriate for the Congress of the United States to sweep it under the rug and walk away because we fear whatever that might tell us. It would be even more inappropriate to do so because we fear reform.

I can think of nothing that would invite a storm of protest from the American people over a period of time more than that kind of front page statement about the congressional willingness to sweep something under the rug.

I yield the floor.

REINSTATEMENT OF OREGON LAW RELATING TO PHYSICIAN-ASSISTED SUICIDE

Mr. ASHCROFT. Mr. President, there are developments in a matter that I think command our attention. I would like to bring them to the attention of the Senate.

Recently, Senator DORGAN and I, joined by 28 of our colleagues, introduced S. 304, the Assisted Suicide Funding Restriction Act. It is simply a law that says no Federal tax dollars shall be used to promote or pay for assisted suicide.

There had been a threat that we might be asked to pay for assisted suicide with Federal Medicaid funds in the State of Oregon. Oregon enacted what was called Measure 16, which allowed for physician-assisted suicide for terminally ill patients in that State. Oregon officials stated that they would be submitting Medicaid bills to the Federal Government to pay for assisted suicide under the category of ''comfort care,'' a euphemism which is particularly troubling to me.

After Oregon passed Measure 16, its implementation was suspended by U.S. District Judge Michael Hogan, in Eugene, OR. While the law was not in effect, we would not be asked to pay Federal dollars, tax dollars of American citizens, to end the lives of individuals rather than to sustain their lives.

Throughout the history of the Medicaid and Medicare Programs, there has been the presumption that funds for those programs would be used to elevate, encourage, enrich and extend the lives of American citizens. It turns out now that with this one law in one State, we will be asked for Federal resources for medical reimbursements under the health care provided by Oregon's Medicaid program, to end the lives of individuals, to help physicians help patients commit suicide.

Senator DORGAN and I, and 28 of our colleagues, have sponsored legislation to prevent such a practice—to prohibit Federal tax dollars from being expended for assisted suicide. Our legislation had an imperative quality because the decision of an appeals court was pending. But today the Ninth Circuit Court of Appeals dismissed the action which had suspended the implementation of the Oregon law. The Ninth Circuit Court of Appeals, in so doing, potentially clears the way for the State of Oregon to begin calling upon the resources of U.S. taxpayers to assist people in their suicides.

I have to tell you, this is against the values of many of the people with whom I speak and many of those I represent in the State of Missouri. Key groups and organizations, including the U.S. Catholic Bishops, the National Right to Life, and the American Medical Association, oppose assisted suicide, and oppose the use of Federal funds for such a practice, as it is an inappropriate expenditure of tax dollars.

Mr. President, 87 percent of the American public does not want tax dollars spent on dispensing toxic drugs to end the lives of Americans instead of focusing our resources on therapeutic drugs and other therapies to extend and improve the life of American citizens. It is time for us to understand the urgency of this issue, given the fact the Ninth Circuit Court of Appeals rejected the challenge to Measure 16.

Now, the dismissal of the action is appealable by the parties there. They can appeal back to the Ninth Circuit for a hearing en banc, or to the U.S. Supreme Court. But I raise this in the consciousness of the U.S. Senate to say we do not have a significant amount of time, and I believe the vast majority of citizens in this country never anticipated that their tax resources would be consumed in poisoning fellow citizens under the guise of comfort care in the State of Oregon.

We would be derelict in our duty were we to ignore this problem and allow a few officials in one State to decide that taxpayers all across America must help subsidize a practice that has never been authorized in most of America, is considered to be morally abhorrent by many Americans, and is considered to be medically inappropriate by the American Medical Association. Because of today's decision, I implore my colleagues in the U.S. Senate to act swiftly to pass the Assisted Suicide Funding Restriction Act before our tax dollars begin to go for ending, and not saving, the lives of our fellow Americans.

I yield the floor.

MEDICAL SAVINGS ACCOUNTS

Mr. ROTH. Mr. President, as part of the Kassebaum-Kennedy health care legislation, passed in the 104th Congress, we provided for a pilot program to explore the potential of medical savings accounts.

These MSA's represent a significant step forward in our objective to promote an environment where Americans can receive quality and affordable health care in market-based programs. MSA's would allow families to participate in higher deductible, lower premium plans.

The money saved on premiums would be placed in tax-sheltered MSA accounts. Families could then use this money to pay for health care costs. They would have a greater stake in the health care delivery system. Their vigilance—as they use their own money—would encourage health care providers to keep costs competitive and quality high.

MSA's would also go a long way toward cutting the high costs associated with health care administration.

It's projected that as families play a more active role in paying for their health care, because of the high deductible nature of MSA's, that less than 10 percent of those using MSA's would send a bill to their insurance. Insurance company involvement would come only after the deductible has been met, or in the case of a catastrophic illness.

As we look for innovative and workable programs to help Americans meet the costs associated with health care, MSA's offer a viable and attractive possibility. I anxiously await the results from the pilot program we initiated, as well as response from our health care community.

Recently, I received a letter and an article from two academics associated with the allied health profession field. Amy B. Hecht, former dean of the Temple University College of Allied Health Professions and James L. Hecht, professor in the political science department at Temple, authored an impressive overview of MSA's.

I ask unanimous consent that their article be printed in the RECORD.

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

RX FOR HEALTH REFORM—MEDICAL SAVINGS ACCOUNTS GIVE CONSUMERS A STAKE IN CUTTING COSTS

(By James L. Hecht and Amy Blatchford Hecht)

Horror stories constantly are being reported by the media about how America's rapidly changing health care system has caused disastrous results for some and suffering for many. That is not surprising since tens of millions of people are being forced into managed care, where they have far less control than under the previous fee-for-service system.

Unfortunately, little has been said about an alternative: having people pay for normal

health care expenses directly from tax-sheltered Medical Savings Accounts. Much of what has been said has been directed at MSAs' one disadvantage as opposed to their many advantages.

Employers are the vector for the rapid transition to managed care. The cost of medical care in the United States has been more than 30 percent more per capita than anywhere else in the world. Thus American companies are under enormous pressure to cut health costs since they have become a major expense and a disadvantage against foreign competitors. Moreover, large expenditures have not produced better health as measured by criteria such as life expectancy and infant mortality rates.

Some of the America's high costs results from its leadership in using technology to provide the best care in the world for those who are able to take advantage of it. That is desirable. But there is another reason why health costs in the United States have gotten out of control: an enormous government subsidy which encourages payment by insurance.

Providing most health care payments through insurance makes as little sense as having homeowners' insurance cover maintenance. The purpose of insurance is to protect against expensive catastrophes. Home maintenance costs are significant, but can be handled more economically and satisfactorily without a third party involved.

But in the case of health care, insurance paid by employers became the standard following World War II because employers were able to shelter part of their employee compensation from taxes by providing health insurance that covered normal expenses. Thus the U.S. government subsidized a health care system financed unlike any other in the world. As costs of new treatments increased and options for care expanded, costs skyrocketed but were not matched by improved results.

That is why tax-sheltered contributions to Medical Saving Accounts, whether made by an employer or individual, make sense. Consumers should have the option of administering their own medical bills, barring catastrophic costs, while receiving the same government subsidy given to employer-paid insurance and managed care.

People with MSAs would have insurance, but it would only cover expenses after a deductible of at least $2,000. Thus, less than 10 percent of those with MSAs would send a single bill to their insurance company in a single year. That's one huge advantage of MSAs: a big decrease in the costs of health care administration. Studies indicate that administration of third-party payments accounts for well over 20 percent of health costs. Billions of dollars spent on paperwork would be saved. And that does not include the time and aggravation consumers spend to get reimbursement.

MSAs might cause some people to skimp on preventive care. But insurance policies for catastrophic care could cover periodic physical exams, Pap tests and prenatal care because they effectively prevent expensive medical problems.

Meanwhile, people paying their own bills are more likely to compare prices when a physician orders tests. Some will question the necessity of recommended tests. Nurse practitioners and physician assistants would be used more since their fees are far lower than physicians'. Savings of tens of billions more would result from giving consumers a stake in reducing costs.

Plus, having people pay directly for much of their health care will be a powerful force for choosing healthier lifestyles.

Many of these same advantages can be achieved by managed care, which is why employers are shifting health benefits in this direction. In fact, a good HMO usually will be the best option for people who are not careful consumers. However, people who value control over their health decisions, or who do not have access to a good HMO, usually would be better off with an MSA and fee-for-service.

Competition between managed care and MSAs is another important reason to shelter MSAs from taxes. Competition solely between HMOs and other managed care plans will not necessarily result in good, cost-effective health care. There was fierce competition between General Motors, Ford and Chrysler, but until Japanese automakers captured a significant share of the market, American manufacturers produced inferior cars and did not control costs as efficiently. Today, doctors are being offered financial incentives to decrease patient care. Tax-sheltered NSAs and fee-for-service could shift incentives where they belong: bonuses for better patient outcomes.

While tax-sheltered MSAs will provide better care at greatly reduced costs for most Americans, they would not be good for those with chronic illnesses requiring costly, long-term treatments. This is why they were opposed by Senate Democrats and President Clinton. The chronically ill would lose money with MSAs (although some might still choose one in order to exercise greater control), and their alternatives would cost more than at present because health care plans would serve sicker populations with higher than average expenses.

So in fairness, legislation creating tax-sheltered MSAs should include a benefit for the chronically ill to offset their higher costs. It might be a credit for families who had out-of-pocket health expenses greater than some percentage of gross income in the previous two years. The credit might be for expenses greater than 7.5 percent of gross income, which is the current medical and dental deduction on the federal income tax. The credit also should have a cap on the amount of expenses that qualify.

And legislation should be enacted as soon as possible, instead of waiting years for the results of a small trial program established under the Kassebaum-Kennedy Bill. The trial is unlikely to yield definitive results.

No legislation will be a panacea for all health care problems. But Medical Savings Accounts are a simple way to provide better, more cost-effective care for many Americans. This in turn will contribute to a political and economic environment more conducive to keeping the promise of decent health care for all.

THE GROWING CRISIS IN PUBLIC ACCESS TO PUBLIC INFORMATION

Mr. WARNER. Mr. President, on February 11, in his capacity as chairman of the Joint Committee on Printing, the senior Senator from Virginia testified before the U.S. House of Representatives Legislative Branch Appropriations Subcommittee.

The purpose of that testimony was to provide justification for the Joint Committee's Fiscal Year 1998 appropriations request, and to outline the priorities of the Joint Committee in the current and future fiscal years.

Chief among the Joint Committee's priorities are reform of Title 44 U.S.C., and the implementation of means to assure that the American public continues to retain access to information created by the Federal Government at taxpayer expense.

Currently, the Government Printing Office is charged under title 44 with the management of the Federal Government's procurement of information products and with the maintenance of the public's access to these products—through the Federal Depository Library System, through the GPO Bookstore Program, and through GPO access, the on-line service of the Government Printing Office.

In recent years, however, various Federal agencies have taken to ignoring title 44. Some are procuring their information products directly from the private sector without going through the GPO's private sector procurement program. Others are setting up in-house facilities to create their own information products. In addition, a few agencies, in an effort to be entrepreneurial, have taken to making arrangements with organizations outside the Federal Government for the dissemination of taxpayer-funded information. In doing so, this information has become copyrighted, or had copyright-like restrictions imposed upon it. The net result is that the public's access to taxpayer-funded information has been greatly restricted.

Mr. President, the Government Printing Office's Superintendent of Documents, Mr. Wayne Kelley recently delivered a speech on this issue. In his remarks, Mr. Kelley provided specific details and raised a number of important questions about these activities and their detrimental effect on the American public.

I ask unanimous consent that Mr. Kelley's speech before the Government Documents Roundtable, Federal Documents Task Force, of February 15, 1997, be printed in full at the conclusion of this statement.

The PRESIDING OFFICER. Without objection, it is ordered.

(See exhibit 1.)

Mr. WARNER. Mr. President, the Senate Committee on Rules and Administration, which also is chaired by the senior Senator from Virginia, will hold 2 days of hearings later this spring on legislation to correct this situation and to reform other areas of title 44.

It is this Senator's intention that this legislation will be supported on a bicameral and bipartisan basis, and that the administration will fully support it as well.

Mr. President, the strength of America's system of government lies with an informed public. Free and open access to information created at taxpayer expense is the principle which has enabled the United States to endure and prosper for over 200 years, making this Nation the oldest, continuous, constitutional democratic republic in the world.

Members of Congress have a responsibility to our Founding Fathers, to our citizenry, and to future generations to ensure that this principle is maintained.