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.

EXHIBIT 1

REMARKS OF WAYNE KELLEY, SUPERINTENDENT OF DOCUMENTS

I'd like to take a few minutes this morning to discuss a growing trend to transfer Federal Government information from the public domain to private ownership.

This is happening in a number of ways. One is for agencies to establish exclusive or restrictive distribution arrangements that limit public access to information. Another is to charge fees or royalties for reuse or redissemination of public information. In some recent cases government publishers have actually assisted in transferring copyright to the new owner.

Let me give you an example. For many years, the National Cancer Institute procured the printing of its Journal of the National Cancer Institute through the Government Printing Office. The Superintendent of Documents Sales Program sold subscriptions to the Journal and it was distributed to Federal Depository Libraries at GPO expense.

In 1987, NCI made the semimonthly Journal a more current, higher-quality cancer research publication. It was heavily promoted by our Office of Marketing in coordination with the NCI staff. By 1992, the Journal was selling 6,240 copies at an annual subscription of $51, and was distributed free to more than 800 selecting depository libraries throughout the nation. It had achieved recognition as "the number one journal" in its field, publishing the best original research papers in oncology from around the world.

In 1993, the National Cancer Institute notified us that they were developing a "Consolidated Services" concept making all print and electronic data information available only through an "Information Associates Program." GPO could no longer sell subscriptions at $51. The only way to get a subscription was to buy an Associates Program membership from NCI for $100. NCI agreed to supply depository copies at the agency's expense. GPO continued to sell individual copies in bookstores at $7 each. In December 1994, the International Cancer Information Center, publisher of the Journal, received a Federal "Hammer" award for its new Information Associate Program.

Then, a disturbing development. Just a few week ago, in a letter dated January 2, our Library Program Service was notified that the Journal had been "privatized." Ownership was transferred from the National Cancer Institute to Oxford University Press—USA, Inc. The letter said: "Under the terms of a Cooperative Research and Development Agreement signed by the two organizations, the name of the publication will be retained, and Oxford will assume all responsibility for printing the Journal and will hold copyright to the Journal's content."

The letter went on to explain that "because the Journal is no longer a publication of the U.S. Government, copies of the Journal and JNCI Monographs will not be provided to the Depository Library Program nor will sale copies be available at the GPO bookstore." The new price, from Oxford, is $120 for an individual and $150 for an institution.

The last paragraph in this brief letter said: "We appreciate the service the Depository Library Program has provided in disseminating the Journal and JNCI Monographs for many years."

Looking back, I do not regret that we at GPO invested our resources in promoting the Cancer Journal in the late 1980s. Nor do I regret assisting in the transfer of subscribers to the Information Associates Program in 1993. But I do regret the loss of this valuable resource to American citizens through the depository library program in 1997.

I have here the November 20 issue of the Journal which I purchased from the main GPO Bookstore. Maybe this last, public domain issue has some historical value.

Looking through the Journal, a number of questions come to mind. I note that the masthead lists some 26 staff members.

I wonder if the editorial and news staff is still being paid by the American taxpayer, but working for the Oxford University Press? I wonder if the Oxford Press is sharing revenues from the new, higher subscription rate with the National Cancer Institute? I wonder if copyright will prevent a librarian from sending a copy of an article to another librarian?

I have no way of knowing the answers to these questions—because the details of the Cooperative Research and Development Agreement are not public information, according to NCI legal counsel.

Unfortunately, this is not an isolated case. There are other recent examples of information gathered by government employees disappearing from the public domain—for a price. I worry that these cases will become precedents and the precedents will set an irreversible trend.

I want to make it clear that I do not question the motives or goals of the agency publishers who take this course. They are doing what they feel is right in a new environment which calls for cutting costs and generating revenues. They are seeking to preserve valuable information.

But what if this new trend drives future Federal Government Information Policy? Since the founding of our nation, the cornerstone of information policy in the United States has been the principle of universal access to Federal information. This principle is being set aside without many of the usual checks and balances in our democratic society: Without any high level policy debate, without clear rules, without thought to unintended consequences, and often without full public disclosure of the negotiations and agreements.

Is all Federal information with sufficient demand going to be sent to market? If so, we should think about what that means.

Does it mean that a Government agency may sell its name as well as its information?

Does it mean that a wide array of private sector publishers will no longer have access to the information to add value and redistribute it to many different markets in different products?

Does it mean the public consumer must pay two or three times as much, or more, for the same information?

Does it mean that agency publishers will focus their attention on more popular, marketable information and eliminate other, perhaps more significant but less marketable information?

Does it mean that programs authorized by Congress will begin to move away from public needs, to focus instead on market needs never contemplated by our elected representatives?

Does it mean Government employees working at taxpayer expense to support the information requirements of private firms? And isn't that corporate welfare?

And what if the Journal of the National Cancer Institute, now owned by the Oxford University Press, does not meet the profit goals of the new owner? Does it mean that instead of a "Hammer" award, there will be the "axe" usually awarded sub-par performers in the market place?

Who represents the public in a Bottom-line Information Era? What is to prevent our nation's bridge to the 21st Century from turning into a toll bridge for Government information?

In 1989, the late Office of Technology Assessment, may it rest in peace, declared that "congressional action is urgently needed to resolve Federal information issues and to set the direction of Federal activities for years to come." Now, eight years later, there is some talk of legislation to update Federal Information Policy to the Electronic Era.

The critical issues at stake today are preservation of official information, public access, Government accountability, and an informed electorate. Americans should not pass up this opportunity to define their own information future.

Those best positioned to know the value and power of information should take the lead. It is not an easy issue for the media because it lacks the essential elements of hot news. It is more significant than sensational.

It is not an easy issue for politicians because there is no visible crisis and framing sound policy seldom delivers votes.

So it may be up to those among us who by nature are reluctant to get out front. Remember those riveting lines of Yeats: "The best lack all conviction, While the worst are full of passionate intensity." Let's not let that happen.

Before it is too late, let the debate begin.

JOURNAL OF THE NATIONAL CANCER INSTITUTE,
January 2, 1997.

Ms. ROBIN HAUN-MOHAMED,
Chief, Library Program Service,
U.S. Government Printing Office (SLLA), Washington, DC.

DEAR MS. HAUN-MOHAMED: As you know, the Journal of the National Cancer Institute has been privatized, and effective January 1, 1997, ownership of the Journal will be transferred from the National Cancer Institute to Oxford University Press-USA, Inc. Under the terms of a Cooperative Research and Development Agreement signed by the two organizations, the name of the publication will be retained, and Oxford will assume all responsibility for printing the Journal and will hold copyright to the Journal's content.

Because the Journal is no longer a publication of the U.S. Government, copies of the Journal and JNCI Monographs will not be provided to the Depository Library Program nor will sale copies be available at the GPO bookstore. Nonprofit organizations, however, will be able to subscribe to the Journal at reduced rates.

For more information on subscriptions to the Journal, call 1–800–852–7323 or 919–677–0977.

We appreciate the service the Depository Library Program has provided in disseminating the Journal and JNCI Monographs for many years.

Sincerely,

JULIANNE CHAPPELL,
Chief, Scientific Publications Branch, International Cancer Information Center.

A TRIBUTE TO STEVEN J.W. HEELEY

Mr. CAMPBELL. Mr. President, I come to the floor today with mixed emotions. I'm glad because a colleague is moving on to new opportunities, but I'm also saddened by the fact that the Senate, and in particular the Committee on Indian Affairs, is losing a great friend, Steven Heeley.

Steve's work on native American issues goes back many years, to when he started with Senator MCCAIN as the deputy minority staff director and Counsel for the Senate Indian Affairs Committee in 1989. He moved across the Hill to the House of Representatives, where I first had the pleasure of