

States against attack by weapons of mass destruction, including efforts toward arms reduction and weapons nonproliferation;

(3) enhances strategic stability; and

(4) is deployed in a manner that contributes to a cooperative relationship between the United States and Russia with respect to a reduction in the dangers to both countries posed by weapons of mass destruction.

NOTICES OF HEARINGS

COMMITTEE ON HEALTH, EDUCATION, LABOR,
AND PENSIONS

Mr. JEFFORDS. Mr. President, I would like to announce for information of the Senate and the public that a hearing of the Senate Committee on Health, Education, Labor, and Pensions will be held on Tuesday, March 16, 1999, 9:30 a.m., in SD-430 of the Senate Dirksen Building. The subject of the hearing is "Educating the Disadvantaged." For further information, please call the committee, 202/224-5375.

COMMITTEE ON AGRICULTURE, NUTRITION, AND
FORESTRY

Mr. LUGAR. Mr. President, I would like to announce that the Senate Committee on Agriculture, Nutrition, and Forestry will meet on Wednesday, March 17, 1999 in SR-328A at 8 a.m. The purpose of this meeting will be to review the current status of the federal crop insurance program and explore the various proposals to expand and/or restructure the program.

COMMITTEE ON HEALTH, EDUCATION, LABOR,
AND PENSIONS

Mr. JEFFORDS. Mr. President, I would like to announce for information of the Senate and the public that a Executive Session of the Senate Committee on Health, Education, Labor, and Pensions will be held on Wednesday, March 17, 1999, 9:30 a.m., in SD-430 of the Senate Dirksen Building. The Committee will consider S. 326, "Patient's Bill of Rights Act." For further information, please call the committee, 202/224-5375.

COMMITTEE ON INDIAN AFFAIRS

Mr. CAMPBELL. Mr. President, I would like to announce that the Senate Committee on Indian Affairs will meet during the session of the Senate on Wednesday, March 17, 1999 at 9:30 a.m. to conduct a hearing on S. 400, the Native American Housing Assistance and Self-Determination Act Amendments of 1999. The hearing will be held in room 485 of the Russell Senate Office Building.

Those wishing additional information should contact the Committee on Indian Affairs at 202/224-2251.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON FINANCE

Ms. COLLINS. Mr. President, the Finance Committee requests unanimous consent to conduct a hearing on Monday, March 15, 1999 beginning at 10 a.m. in room 215 Dirksen.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON HEALTH, EDUCATION, LABOR,
AND PENSION

Ms. COLLINS. Mr. President, I as unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet for a hearing on "Medical Records Privacy" during the session of the Senate on Monday, March 15, 1999, at 9 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADDITIONAL STATEMENTS

RECOGNITION OF TUNISIA NATIONAL DAY AND UNITED STATES-TUNISIA RELATIONS

• Mr. INOUE. Mr. President, I rise today to direct your attention to a milestone soon to be celebrated by one of America's oldest friends and allies. On March 20, 1999, Tunisia observes its National Day, the 43rd anniversary of freedom from foreign control.

Tunisians have many reasons to be proud of their progress during these last four decades. We as Americans should share that satisfaction, because we have important common values and a long history of strong, mutually beneficial relations.

In fact, when Tunisia was still governed by Pasha Bey of Tunis, as a unit of the Ottoman Empire, Tunisia became one of the first treaty partners of the newly independent United States. The two nations signed a "Treaty of Amity, Commerce and Navigation" in 1797. The pact provided for "perpetual and constant peace" between the parties. If all our treaties were as faithfully observed as this one, our foreign relations would be more serene.

Whether protecting Mediterranean shipping lanes against Barbary pirates, opposing the Nazi war machine in North Africa, or supporting Western interests during the Cold War, the U.S. could count on Tunisia. More than 30 years ago, Tunisia displayed great courage in urging other Arab nations to seek an equitable settlement with Israel. Tunisia later built on that pioneering stand by playing an important role as an honest broker at delicate points in the peace process.

You do not see many headlines or television footage about Tunisia. The reason is that news coverage of Africa and the Middle East is dominated by conflict, extremism, famine, and other calamities. Tunisia, by enviable contrast, is a quiet success. On a recent visit to Tunisia, Undersecretary of State, Stuart Eizenstat, called Tunisia a "model for developing countries." He was correct. During these last 43 years, Tunisia has built a stable, middle class society. Tunisia has adopted progressive social policies that feature tolerance for minorities, equal rights for women, universal education and a first-rate public health system, and avoided the pitfall of religious extremism that has tormented so many other developing nations.

Under President Ben Ali's leadership, Tunisia has undertaken political reforms toward political pluralism and become the first nation south of the Mediterranean to formally associate itself with the European Union.

These are only some of the accomplishments of this small, resilient, forward-looking nation. We should be mindful of this enviable record. We should also take satisfaction that, 43 years ago, the United States welcomed Tunisia's independence and provided both moral and financial support. If all our investments abroad paid such dividends, the world would be a more peaceful place.●

RAIL COMPETITION AND SERVICE IMPROVEMENT ACT

• Mr. BURNS. Mr. President, since the early 1980's, Montana has been faced with a very serious transportation problem regarding the transportation of our grain and coal out of our state at reasonable prices and in a reasonable period of time.

Montana is a classic case of what happens to rail customers when you eliminate competitive transportation alternatives. Our rail rates go through the roof and our rail customers end up subsidizing rail rates in regions where competition is present. In a nutshell, our rail customers pay more for less service. The rail customers in regions with competitive alternatives pay less and receive more service.

Now, we're seeing the same thing happen in other regions around the nation. Montana has been down this road and I encourage my colleagues to look at the problems we face in Montana as a pre-cursor to what will happen in their states.

The Surface Transportation Board (STB), based on their deliberations over the *McCarty Farms vs. Burlington Northern* case, has indicated to the producer that BNSF's rates are not excessive. I am concerned that after 17 years of adjudication using the STB's decision making process, that process is flawed.

In the West, we have only two Class I railroads and in Montana, we have only one Class I railroad. Under today's deregulated environment, we have come full circle back to limited competition. Because of this lack of competition, Montana's producers pick up the tab for those who have competition.

Montana's shippers pay some of the highest rates in the world while our neighbors pay a significantly lower cost for transportation. In Montana, we are truly dependent on the railroads to transport bulk commodities that could not be efficiently transported by any other means.

Agricultural shippers are the most vulnerable to predatory marketing by monopolistic practices of railroads. The farm producer unlike every other industry we know of in America, cannot pass the freight costs on to anyone else, they must simply eat it.

We do not need to re-regulate the railroads; rather we need to restore the balance between rail customers and the railroads that Congress intended to achieve originally in the Staggers Rail Act of 1980. I look forward to working with my colleagues to restore the competitive balance in the rail transportation industry and level the playing field for our nation's rail customers.●

RECOGNITION OF YVONNE GELLISE, RSM

● Mr. LEVIN. Mr. President, I rise to honor Yvonne Gellise, who was awarded the Mary Maurita Sengelaub, RSM, Award for Meritorious Service for 1997. This award is presented annually to a person "whose contributions to the healing ministry are in striking harmony with the works of Catherine McAuley, foundress and first Sister of Mercy."

Yvonne Gellise was born in Bay City, Michigan, the fifth and last child of Levy and Regina Gellise. An early experience with polio fostered her early determination that characterized her many efforts on behalf the community. In 1995, Yvonne joined the Religious Sisters of Mercy and became Sister Yvonne Gellise. Since then, Sister Yvonne has served in several administrative positions in Mercy facilities in Michigan and Iowa. A milestone in her career came when she was named chief executive officer of St. Joseph Mercy Hospital, Ann Arbor. Sister Yvonne provided indispensable leadership during the relocation of the hospital to its current site. Sister Yvonne currently serves as senior advisor for Governance at Saint Joseph Mercy Health System, Ann Arbor.

Mr. President, Sister Yvonne Gellise is a very deserving recipient of the Mary Maurita Sengelaub, RSM, Award for Meritorious Service. I know my Senate colleagues join me in honoring her on the notable contribution she made to our community.●

HEALTH CARE PERSONAL INFORMATION NONDISCLOSURE ACT OF 1999

● Mr. JEFFORDS: Mr. President, I rise today to speak about the Health Care Personal Information Nondisclosure Act, or the Health Care PIN Act of 1999, which I introduced last Wednesday with my friend, Senator DODD. This timely piece of bipartisan legislation sets the necessary national standards that will secure the privacy and confidentiality of every American's medical records.

This legislation clarifies patients' rights to copy or amend their medical records. The legislation also encourages insurers and providers with large sets of records to implement their own safeguards and protections from misuse. It sets clear guidelines for the use and disclosure of medical information by health care providers, researchers, insurers, and employers. Most impor-

tantly, it requires that individually identifiable health care information not be released without the patient's informed consent.

In the past few decades, the delivery and administration of medicine have evolved by leaps and bounds. Technological advances have contributed to a better and more efficient health care system. They create new opportunities for the prevention and treatment of disease. Electronic pharmaceutical records make it possible for pharmacists to identify potential drug interactions before they fill a prescription. Telemedicine will make it possible for patients at Copley Hospital in Morrisville, Vermont, a small village of 2,000 people, to benefit from the expertise of physicians fifty miles away at Fletcher-Allen, Burlington, Vermont's nationally known academic medical center.

The improved access to this information does not come without a risk. We often don't know with any certainty, who has access to our private records. The establishment of large computer databases, some with millions of patient records, has not only allowed for new, life-saving medical research but has increased the potential for misuse of private medical information.

Last month, for example, at the University of Michigan Medical Center, several thousand patient records were inadvertently posted on an Internet site. Private patient records containing names, addresses, employment status, and treatment for specific medical conditions lingered on the Web for two months. Fortunately, in this case, the lapse was discovered before anyone accessed the site, or any damage done.

The Health Care PIN Act establishes clear guidelines for the use and disclosure of medical records by health care providers, researchers, insurers, and employers. With very few exceptions, individually identifiable health care information should be disclosed for health purposes only, which includes the provision and payment of care and plan operations. In order to protect patients from abuse and exploitation, this bill imposes civil and criminal penalties on individuals who use information improperly through unauthorized disclosure.

Other nations have taken steps to protect patient privacy. In 1995, the European union enacted the Data Privacy directive. This Directive requires all 15 European Union member states establish consistent national privacy laws. This initiative raises the concern that the European Union could limit the flow of data between countries that do not provide for comparable protections. If we do not act promptly, this directive may act as a deterrent to the international exchange of health information and restrict the ability of American companies to compete overseas.

Even more pressing is the Health Insurance Portability and Accountability Act of 1996, also known as the Kasse-

baum-Kennedy Act, which established several mandates relating to medical records privacy. One provision set August, 1999, as the deadline by which Congress must act to ensure the confidentiality of electronically transmitted data. If, for some reason, Congress fails to act by this date, HIPAA includes a default provision directing the Secretary of Health and Human Services to promulgate regulations. We are introducing this bill now and we must act as soon as possible in order to meet the HIPAA deadline.

Our bill recognizes that some states, like my home state of Vermont, have already taken the lead in the area of privacy protections. Last year's bill provided a uniform federal standard for protected health information, with the exceptions of state mental health and public health laws. In addition to these protections, this bill will also allow stronger medical records privacy laws enacted prior to the effective date of the act to remain in place.

Senator DODD and I look forward to working with members of the Committee on Health, Education, Labor, and Pensions, as well as others who have contributed time and effort to this issue, as we move forward to enact this necessary and bipartisan Health Care PIN Act of 1999.●

COMMEMORATION OF THE 108TH BIRTHDAY OF MS. NORA HILL

● Mrs. MURRAY. Mr. President, it is my pleasure to rise today to congratulate Ms. Nora Hill of Yakima, Washington, who celebrated her 108th birthday on February 1, 1999.

Nora Maddie Wilson was born on February 1, 1891 in Benton County, Arkansas and is the youngest of twelve children. Nora never had a formal education, but was educated by her older brothers and sisters. She loved to read and had beautiful penmanship. Nora was also an avid quilter, making extra money by making quilts for other people. In 1911, Nora married John Bunyon Hill and had four children. In 1940 her family moved to the Yakima Valley in Washington state. Nora could handle a team of horses and a wagon with the best of them, however, she never wanted to learn how to drive an automobile, as it made her too nervous.

Nora is a survivor of cancer at the age of 99 and a broken hip at the age of 104. Both of Nora's sons, who served in World War II, have since passed away. Her daughters are still living. Nora has over sixty grand, great grand, great-great grand and great-great-great grand children.

Please all join me in wishing Ms. Nora Hill of Yakima, Washington a very happy 108th year.●

NATIONWIDE DIFFERENTIAL GLOBAL POSITIONING SYSTEM

● Mr. JOHNSON. Mr. President, today is a great day for South Dakota and the nation as March 15, 1999, marks the