

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

operation of a Nationwide Differential Global Positioning System (NDGPS) site in Clark, South Dakota. This morning, Secretary of Transportation Rodney Slater officially "flipped the switch" on the Clark site, which activated the Coast Guard's expansion of its maritime global positioning system into the NDGPS. The Clark site, along with one in Whitney, Nebraska, will provide South Dakota with complete NDGPS service at no fee.

It is not often that a Senator from South Dakota has the opportunity to work with the Coast Guard on a project that benefits the people of my state. About two years ago, Rudy Persaud with South Dakota Department of Transportation contacted me about a technology that was developed to find ships out at sea. Rudy, along with a number of community development districts in my state, convinced me that this same technology could have enormous benefits on the prairies of South Dakota. In fact, the benefit to cost ratio for the NDGPS system is an astounding 150 to 1, with future uses for the technology appearing almost limitless.

Working with the development districts, the South Dakota Department of Transportation's goal was to map every mile of every road in the state of South Dakota to give the state and local governments the ability to develop their communities and allocate important highway funds.

I was pleased to introduce legislation in 1997 to expand the Coast Guard DGPS into a nationwide system. With the help of Senator DASCHLE, the legislation was added to the Department of Transportation's annual appropriations bill.

Throughout the process of securing funding for NDGPS, I have become aware of the numerous benefits NDGPS has for rural states like South Dakota. Four nonprofit planning districts in South Dakota currently use the technology for mapping roads. In some counties, NDGPS will be integrated with E-911 systems to provide accurate addresses for rural households.

NDGPS will allow hospital helicopters to electronically locate accident sites. The need for such technology was evident two winters ago when a Webster woman became stranded in her car in the middle of a blizzard. Running low on gas, and with the temperature around -50 degrees, it took rescue crews several hours to find her and take her to safety.

The US Geological Survey will also map potential flood areas in the state, potentially saving lives and millions of dollars in property. Considering the farms and communities already inundated with flooding from the past two years, I am pleased this technology will allow South Dakotans to take a proactive approach to identifying potential flood areas.

The Mid-Dakota Rural Water System is using NDGPS to locate PVC pipeline for its system that will provide clean

drinking water to over 30,000 South Dakotans who currently rely on wells or municipal water trucked to their home.

One of the most promising benefits of NDGPS technology will probably come in agriculture, South Dakota's number one industry. I look forward to working with agriculture leaders in South Dakota to promote and support this technology in a way that makes NDGPS an affordable and accessible tool. NDGPS, used in precision farming, may save \$5 to 14 per acre by showing farmers exactly how best to apply fertilizer and chemical inputs on their land, so as to treat the land well for future generations while cutting costs now. NDGPS-based field mapping helps determine more accurate yields and makes it easier to more accurately utilize fertilizers, chemicals, and crop inputs. This technology can also be used by farmers to keep better crop production records. For example, this technology makes it possible for a properly equipped spray rig to switch chemicals or rates of application to address a specific weed problem in a specific section of the field.

As of today, March 15, 1999, the NDGPS technology is available in every community in South Dakota. I want to commend Rudy Persaud and the many others involved with NDGPS for their dedication and hard work and look forward to working with them on future uses of this incredible technology.●

CHILD DEVELOPMENT ACT

● Mr. WELLSTONE. Mr. President, I address you today to speak about a problem that is one of the most pressing facing our nation today. Ten million children in America are eligible for federal child care assistance, yet we provide for only 1.4 million of them. Fully 86 percent of eligible children are left unattended or are forced into inadequate facilities that are often overcrowded. These are the only viable options for parents who are struggling to make ends meet even in these times of national prosperity. The waiting list for child care assistance in many states extends to tens of thousands of eligible families. And so many parents who would give almost anything to be able to stay at home and care for their children themselves simply can't afford to do so. Something needs to be done soon. The problems that we are facing today will only compound as children who have been inadequately cared for struggle in school and society. As President Kennedy said, "the time to fix the roof is when the sun is shining."

Today I reintroduce the most ambitious effort to address this problem to date, The Child Development Act. With this one piece of legislation, our nation will cut our most threatening problem in half. This bill provides support for half of the ten million American children who are eligible for federal child support assistance, and provides bil-

lions of dollars in tax credits for parents who choose to stay home with their children.

The Child Development Act will help children and their parents several ways. First, it will greatly increase funding for the CCDBG program, a tried and proven method of providing for care of our children. The bulk of this money (\$37.5 billion over 5 years) will be used to provide more affordability for families wanting to enroll their children in child care programs. There is also \$4 billion in CCDBG funds set aside for improving the quality of child care in our country, which is definitely necessary as Children's Defense Fund studies show that 6 out of 7 child care facilities in this country provide only poor to mediocre service, and one out of eight centers actually put the safety of children at risk. Five billion dollars in CCDBG increases is set aside for improving afterschool programs for school age children. Additional \$2 billion in CCDBG increases is allocated for new child care facilities construction (\$500 million) providing 50,000 to 75,000 new high quality child care slots each year; increases in public/private partnerships where states and local communities' private sectors must each match twenty five percent of grants (\$500 million); and \$1 billion is allocated for professional development of child care workers. The remaining portions of the \$62.5 billion bill are \$1 billion in loan forgiveness to those who earn a degree and work in early childhood education, and \$13 billion in tax credits for low- and middle-income working parents, so that they can better afford quality care for their children. Those parents who make the tough financial decision to stay at home and care for their children will be greatly assisted by this provision.

Research has shown that much of what happens in life depends upon the first three years of development. The brain is so profoundly influenced during this time because the brain of a three-year-old has twice as many synapses (connections between brain cells) as that of her adult parents. The process of brain development is actually one of "pruning" out the synapses that one does not need (or more accurately, does not use) from those that become the brains standard "wiring." This is why the first three years of development are so important—this is the time that the brain must develop the wiring that is going to be used for the rest of one's life. According to a report on brain development published by the Families and Work Institute, "Early care and nurture have a decisive, long lasting impact on how people develop, their ability to learn, and their capacity to control their own emotions." If children do not receive proper care before the age of three, they never receive the chance to develop into fully functioning adults.

We are not allowing our children a chance in life when we do not provide them with proper care in their early