the prior affirmative consent of the person about whom the information pertains.

SEC. 9. APPLICATION WITH OTHER LAWS.

Nothing in this title shall apply to the Department of the Treasury or the Internal Revenue Service, to the extent that—

(1) it involves the administration of the internal revenue laws; and

(2) it conflicts with any provision of the Internal Revenue Service Restructuring and Reform Act of 1998 or the Internal Revenue Code of 1986.

SEC. 10. DEFINITIONS.

For purposes of this Act:

(1) EXECUTIVE AGENCY.—The term ''executive agency'' has the meaning given that term in section 105 of title 5, United States Code.

(2) ELECTRONIC SIGNATURE.—The term ''electronic signature'' means a method of signing an electronic message that—

(A) identifies and authenticates a particular person as the source of such electronic message; and

(B) indicates such person's approval of the information contained in such electronic message.

(e) FORM, QUESTIONNAIRE, OR SURVEY.—The term ''form'', ''questionnaire'', and ''survey'' include documents produced by an agency to facilitate interaction between an agency and non-government persons.

AMENDMENT NO. 3679

(Purpose: To add the provisions of S. 2326, as ordered reported by the Committee on Commerce, Science, and Transportation and as further modified, as a separate title to the bill)

(The text of amendment No. 3679 is printed in today's RECORD under ''Amendments Submitted.'')

Mr. MCCAIN. Mr. President, these two amendments are not relevant, but they are acceptable to both sides.

The PRESIDING OFFICER. The question is on agreeing to the amendments en bloc.

The amendments (Nos. 3678 and 3679) were agreed to.

Mr. MCCAIN. I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3678

Mr. ABRAHAM. Mr. President, I want to take a moment to discuss language that has been added to this legislation, the ''Government Paperwork Elimination Act.'' In May, I introduced S. 2107 to enhance electronic commerce and promote the reliability and integrity of commercial transactions through the establishment of authentication standards for electronic communications. S. 2107 was reported by the Committee on Commerce, Science, and Transportation last month.

After the bill was reported, it was discovered that the bill was erroneously referred to the Commerce Committee and should have been referred to the Committee on Governmental Affairs. S. 2107 deals with Federal government information issues and, according to the parliamentarian, falls directly within the jurisdiction of Governmental Affairs. I understand a similar bill had been approved by Governmental Affairs last Congress.

Obviously, this was discovered late in the session. Nevertheless, Senator THOMPSON, the chairman of the Governmental Affairs Committee, worked with me to develop language which combines language from the bill reported by his Committee last Congress and S. 2107. I want to thank my colleague from Tennessee for his help and insight. He spent a great deal of time assisting me with this legislation and, in my opinion, his language makes many improvements to the original bill.

Mr. THOMPSON. Mr. President, I thank my colleague from Michigan for his hard work on and dedication to information technology issues. The Committee on Governmental Affairs which I chair has had a long and involved history with this issue.

This language which we are discussing today seeks to take advantage of the advances in modern technology to lessen the paperwork burdens on those who deal with the Federal government. This is accomplished by requiring the Office of Management and Budget, through its existing responsibilities under the ''Paperwork Reduction Act'' and the ''Clinger-Cohen Act,'' to develop policies to promote the use of alternative information technologies, including the use of electronic maintenance, submission, or disclosure of information to substitute for paper, and the use and acceptance of electronic signatures.

The Federal government is lagging behind the rest of the nation in using new technologies. Individuals who deal with the Federal government should be able to reduce the cumulative burden of meeting the Federal government's information demands through the use of information technology. This language hopefully will provide the motivation that the Federal government needs to make this possible for our nation's citizens.

I thank Senator ABRAHAM for offering us the opportunity to work with him on this important issue.

MORNING BUSINESS

Mr. MCCAIN. Mr. President, I ask unanimous consent that there now be a period of morning business, with Senators permitted to speak for up to 10 minutes each.

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

Mr. MCCAIN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. GORTON). Without objection, it is so ordered.

Mr. KENNEDY. Mr. President, as I understand, we are in morning business for up to 10 minutes. I ask unanimous consent to be able to proceed for 15 minutes.

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

PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, we are reaching the final days of this Congress, and the leadership is deciding about which measures the Senate is going to consider during these final few days.

As I mentioned previously, we have identified a number of different pieces of legislation that I don't believe, and I don't think the American people believe rise up in importance as to protecting the families of this country with the kinds of protections that we would have with our Patients' Bill of Rights. But, we have been unable to have this legislation up before the Senate, to have it debated and discussed, and to have a resolution by this body in a timely way.

As I have mentioned on other occasions, it is Friday afternoon at 2 o'clock and most Americans are still working. The Senate should be, on an issue of this importance, still here and debating these issues and resolving these matters in ways which I think, with a full debate and an open discussion, resolve these matters in favor of the families, in favor of the patients, in favor of this country.

It is a very basic and fundamental issue—whether we are going to have the medical professionals—the doctors and nurses—make the ultimate judgment in terms of health care, or whether those decisions are going to be made by the HMOs, the insurance companies, and their accountants.

For all Americans who are participating in these HMOs, they have paid the premiums and they expect their medical treatment will be decided by medical professionals, and not accountants in the insurance industry.

I doubt very much whether these HMOs—when they are out recruiting new members to join and pay their premiums from their hard-earned money which they work for every single day—are saying, ''Well, we want you to know that the people who are going to be making decisions about your health care are going to be the accountants, and not the doctors we are referencing in our pamphlets.''

Mr. President, this morning in the Wall Street Journal on the front page there was a rather ominous report. This is from this morning, Friday, October 2nd, on the front page of the Wall Street Journal: ''Politicians seek to profit from the debate over health-care policies.''

This is the debate—the one issue—that is before the U.S. Senate, the Patients' Bill of Rights. There are other health care issues. But this is the health care issue that commands the wide-range support of over 180 different organizations reflecting all of the various medical professionals—all the

nurses, all the cancer patient organizations, all of the children's organizations, all of the disability organizations, and all of the women organizations. They have all virtually embraced and endorsed this health care debate that we have been trying to have. The debate has been rather one-sided since we have not been able to have engagement from the other side on this issue.

We have the Wall Street Journal saying the following. This is an exact quote:

> The GOP's congressional campaign committee invites a ''select group'' of health-care-industry leaders to a meeting Tuesday on the issue. The ticket price: $25,000 each.''

$25,000 each.

> The meeting ''will last one hour'' only, says an invitation signed by Illinois Representative HASTERT and California Representative THOMAS. That would exceed $400 a minute per person for the fundraiser.

These are the two leading Republican House Members that have been opposed to the Patients' Bill of Rights. Evidently, Mr. President, we have been unable to get this measure before the Senate of the United States—we find that because of the fact that the legislation has been shelved, pigeonholed, the result is that our Republican friends are having a ''select group'' of health care industry leaders who will pay $25,000 to go to a meeting.

Mr. President, let us look at the most recent report of last month, a new study by Common Cause, which I saw this morning. I asked my staff to get the most recent study by Common Cause about contributions to the Republican National Committee by this industry. They reported that the industry which gave the most soft money to the Republicans of any group was the insurance industry.

It is very interesting that here we have the industry paying $25,000 each for each of their personnel to go to a fundraiser with people who have been effectively there to sidetrack this legislation. Then, when we look back, we find out the insurance industry has opened up its coffers to the party that is keeping us from debating this and resolving this in the U.S. Senate.

That is what is happening. The American people do not understand that. If they don't understand very much, they understand this: That Common Cause reported that in the first 6 months of this year they gave $5.5 million. This is where they have contributed.

I daresay we will find out as we move on through, month by month, and then at the end of the year the reports will come in after the election about what they have done in terms of the various candidates.

This is what we are faced with on the one hand. This is what we are faced with: Big money and powerful special interests denying the opportunity for the interests of these various organizations and the people they represent—not just Members of the U.S. Senate who favor this position but those who are really the constituencies of these organizations. We are talking about the Children's Legal Defense Fund that has represented the interests of the children. We are talking about the range of different groups that have been representing the disabled. We are talking about the medical societies representing the doctors and nurses societies—denying those particular interests the opportunity for debate on this legislation.

Mr. President, earlier today we heard some very moving testimony. It has been typical of the testimony that we have been hearing over the period of recent weeks and months.

This is by Mr. A.G. Newmyer of The Epilepsy Foundation.

I will include the statements in their entirety. Mr. President, I ask unanimous consent that they be printed in the RECORD.

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

STATEMENT BY A.G. NEWMYER III, THE EPILEPSY FOUNDATION, OCTOBER 2, 1998

Good morning. My name is Newmyer and I'm here on behalf of the 2.5 million Americans who have seizure disorders, and their families. Some of these folks are well known to you—former Congressman Tony Coelho, Representative Neil Abercrombie, Congressman Hoyer's late wife. Others are total strangers—like me. And a couple hundred people on the Hill either have epilepsy or someone in their family does, but you don't know about it because stigma and fear keep these folks in the closet.

The Epilepsy Foundation urges passage of strong patients' rights legislation. Today's health insurance system is a mean-spirited, predatory mess. But it's far worse for people with special medical needs.

Those of you who cover this debate may recall that Tracy Buccholz from MN was the first public witness before the President's commission on health care. Tracy has epilepsy and led a rather normal life until her health plan started playing games with her life. She explained to the commission, when she came to Washington to testify, that she had been waiting eight months for permission to see her neurologist, despite the literature and promises of her plan.

I'd like to make three brief points this morning:

First, the member satisfaction statistics are pure nonsense. If I asked each of you how you like your life insurance, you'd think I was nuts. You'd tell me that you think it's fine—you never had to use it. The same thing's true for the 80 percent of Americans who have no significant medical need in any one year. I urge the press to focus on satisfaction among plan participants who have faced a serious medical need.

Second, to those members who say they don't want to interfere in the insurance market, let's be serious. The user isn't the customer. Most patients get insurance at work and have very little choice. When the person making the purchase decision isn't the user of the service, it's not a market. It's an anomaly. And it needs to be fixed. Now.

Finally, I know of no other segment of our society where some people elect to engage in predatory behavior knowing that the victims can't go to court. No patients want more lawsuits. Patients want health plans to stop horsing around. Patients want to fix a system where some people prosper by denying care. The key is ERISA reform, which is why it's being fought so hard by for-profit managed care plans.

I leave you with this thought. Steve Wiggins, CEO of Oxford, made $29 million before he was fired. Last year, with his company ½ way down the toilet, he left with $9 million in severance. The CEO of Aetna-United took home $17,693,000 during the past three years.

Do you really think those plans can't afford for people with seizures to have easy access to decent care?

DON'T LET THE CLOCK RUN OUT ON PATIENT PROTECTIONS

(Statement By Debra L. Ness, Executive Vice President National Partnership for Women & Families)

Good morning. My name is Debra Ness, and I am executive vice president of the National Partnership for Women & Families. I'm here today on behalf of the leadership organizations working for passage of the Patients' Bill of Rights Act, S. 1890. More than 180 groups—representing patients, doctors, nurses, other health care professionals, women, children, people with disabilities, small businesses and people of faith—support this Patients' Bill of Rights, and I am here to say to Congress: don't let the clock run out on patient protections! Americans deserve better from their elected officials!

Today, we are sending a letter to Senate Majority Leader Trent Lott, demanding that the Senate fulfill its responsibility to represent the people's interest. We need a full and fair debate on the Patients' Bill of Rights Act before the end of this session. Every day Congress delays, patients suffer:

Imagine your father being sick, and watching helplessly as his insurance company overrules his doctor about what treatment is best for him.

And yet . . . Congress delays.

Imagine your wife being told she can't participate in a clinical trial that might be the only opportunity to save her life.

And yet . . . Congress delays.

Imagine your child becoming permanently disabled because your insurance company wouldn't let you go to the nearest emergency room.

And yet . . . Congress delays.

Imagine the chronic disease you have managed for years suddenly going awry because your cost-conscious health plan refused to let you continue using the medication that helped stabilize your condition.

And yet . . . Congress delays.

We've talked with women around the country who told us with great passion how they believe the health care industry has abandoned patients for profits. Single women, mothers, grandmothers; corporate executives and Medicaid recipients; Democrats and Republicans, African-Americans, whites, Asians, Hispanics. The consistency of their concerns was extraordinary. And it is clear that women do not trust the industry to fix itself. They desperately want health plans to provide quality care, and they are convinced that government must play a role in setting quality standards.

And yet . . . Congress delays.

Just one bill responds to these legitimate and deep-felt concerns, and that is S. 1890, the Patients' Bill of Rights Act. It is the only bill that gives patients real protections, not phony substitutes. Unfortunately, the House has already passed a sham proposal that would actually reverse what little progress has been made so far. But the Senate has an opportunity—and an obligation to Americans—to enact meaningful patient protections by passing S. 1890, the Patients' Bill of Rights Act.

The Senate has three choices:

(1) It can do nothing and ignore the will of the people;

(2) It can deliver a bill that pretends to solve managed care's problems; or

(3) It can deliver the real Patients' Bill of Rights.

There is only one right choice, and there's absolutely no excuse for the U.S. Senate to get it wrong.

Mr. KENNEDY. Let me highlight what we heard this morning.

Good morning. My name is Newmyer and I'm here on behalf of the 2.5 million Americans who have seizure disorders, and their families. Some of these folks are well known to you—former Congressman Tony Coelho, Representative Neil Abercrombie, Congressman Hoyer's late wife. Others are total strangers—like me. And a couple hundred people on the Hill either have epilepsy or someone in their family does, but you don't know about it because stigma and fear keep these folks in the closet.

The Epilepsy Foundation urges passage of strong patients' rights legislation. Today's health insurance system is a mean-spirited, predatory mess. But it's far worse for people with special medical needs.

Those of you who cover this debate may recall that Tracy Buccholz from MN was the first public witness before the President's commission on health care. Tracy has epilepsy and led a rather normal life until her health plan started playing games with her life. She explained to the commission, when she came to Washington to testify, that she had been waiting eight months for permission to see her neurologist, because the literature and promises of her plan.

I'd like to make three brief points this morning.

First, the member satisfaction statistics are pure nonsense. If I asked each of you how you like your life insurance, you'd think I was nuts. You'd tell me that you think it's fine—you never had to use it. The same thing's true for the 80% of Americans who have no significant medical need in any one year. I urge the press to focus on satisfaction among plan participants who have faced a serious medical need.

That is important, Mr. President.

Second, to those members who say they don't want to interfere in the insurance market, let's be serious. The user isn't the customer. Most patients get insurance at work and have very little choice. When the person making the purchase decision isn't the user of the service, it's not a market. It's an anomaly. And it needs to be fixed. Now.

That is a very important point, Mr. President.

Finally, I know of no other segment of our society where some people elect to engage in predatory behavior knowing that the victims can't go to court. No patients want more lawsuits. Patients want health plans to stop horsing around. Patients want to fix a system where some people prosper by denying care. The key is ERISA reform, which is why it's being fought so hard by for-profit managed care plans.

Do you really think these plans can't afford for people with seizures to have easy access to decent care?

That is very moving, Mr. President, and clearly all of the organizations want us to debate and resolve these issues, because every single day they know that the lives of their members, like other Americans' lives, are being threatened by the abuses in the HMO system.

Finally, Mr. President, there is Debra Ness, executive vice president of the National Partnership for Women & Families.

We need a full and fair debate on the Patients' Bill of Rights Act before the end of this session. Every day Congress delays, patients suffer:

Imagine your father being sick, and watching helplessly as his insurance company overrules his doctor about what treatment is best for him.

And yet . . . Congress delays.

Imagine your wife being told she can't participate in a clinical trial that might be the only opportunity to save her life.

And yet . . . Congress delays.

Imagine your child becoming permanently disabled because your insurance company wouldn't let you go to the nearest emergency room.

And yet . . . Congress delays.

Imagine the chronic disease you have managed for years suddenly going awry because your cost-conscious health plan refused to let you continue using the medication that helped stabilize your condition. [This happens, Mr. President. This happens.]

And yet . . . Congress delays.

We've talked with women around the country who told us with great passion how they believe the health care industry has abandoned patients for profits. They desperately want health plans to provide quality care, and they are convinced that government must play a role in setting quality standards.

And yet . . . Congress delays.

Just one bill responds to these legitimate and deep-felt concerns, and that is S. 1890, the Patients' Bill of Rights Act. It is the only bill that gives patients real protections, not phony substitutes. The Senate has an opportunity—and an obligation to Americans—to enact meaningful patient protections by passing S. 1890, the Patients' Bill of Rights Act.

Mr. President, I ask unanimous consent to have printed in the RECORD a letter signed by a number of organizations saying:

We, the leadership organizations working for passage of the Patients' Bill of Rights. . .ask [the majority leader] to schedule a full and fair debate before the close of the 105th Congressional session.

Mr. President, I ask the letter be printed in its entirety.

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

SUPPORT THE PATIENTS' BILL OF RIGHTS,
October 2, 1998.

Hon. TRENT LOTT,
U.S. Senate, Washington, DC

DEAR SENATOR LOTT: As you know, there are only a few weeks left to pass meaningful patient protection legislation. We, the leadership organizations working for passage of the Patients' Bill of Rights (S. 1890) ask that you schedule a full and fair debate before the close of the 105th Congressional session. There are now more than 180 organizations supporting S. 1890.

Support for patient protection legislation has grown in the last year. In fact, after being presented with arguments pro and con, 65 percent of Americans believe the government needs to pass legislation to protect them from managed care industry abuses, according to a recent survey conducted by Harvard and the Kaiser Family Foundation. People across the country are calling for debate and passage of real patient protections.

We urge that the Senate fulfill its responsibility to represent the people's interests. While Congress delays, people are being denied access to the specialists they need, denied coverage for clinical trials that may save their lives, and harmed by bureaucrats making medical decisions based on cost concerns rather than patient care needs.

There is an urgent need for this legislation, and because of this urgency we request a meeting with you so that we can personally convey the critical importance of this issue to the people across America that we represent.

Thank you for your time and consideration of this matter. We look forward to hearing from you soon. Please contact Judith L. Lichtman, President, National Partnership for Women & Families, with your reply.

Sincerely,

Sandy Bernard, President, American Association of University Women; Peggy Taylor, Director, Department of Legislation, American Federation of Labor-Congress of Industrial Organizations; Charles M. Loveless, Director of Legislation, American Federation of State, County and Municipal Employees; Nancy W. Dickey, MD, President, American Medical Association; Dale Eazell, PhD, Chair, Board of Directors, American Medical Rehabilitation Providers Association; Beverly L. Malone, PhD, RN, FAAN, President, American Nurses Association; Ron Pollack, Executive Director, Families USA Foundation; A. Cornelius Baker, Executive Director, National Association of People with AID; Judith L. Lichtman, President, National Partnership for Women & Family.

Mr. KENNEDY. There are now more than 180 organizations that are supporting it. The time is running short, but, as we have seen in the paper, there is a great deal of work yet to be done. We have not lost faith that still, somehow, the central concerns of families across this country can be listened to and responded to with a positive answer that, still, we might be able to, even in these last days of this session, have action to protect our families in this country.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. WARNER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

PRIVILEGE OF THE FLOOR

Mr. WARNER. Mr. President, I ask CDR Richard Voter be granted floor privileges for the purpose of my delivery to the Senate, which will be perhaps 10 to 12 minutes.

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

The Senator is notified that we are in morning business with a 10-minute limitation. Does he wish to ask for more?

Mr. WARNER. Mr. President, I ask for up to 15 minutes.

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