

to section 807(a),” before “or certification”; and

(F) in subparagraph (D)(ii)(II)(aa), by inserting “or 807” after “205(j)(4)”.

(10) ADMINISTRATIVE OFFSET.—Section 3716(c)(3)(C) of title 31, United States Code, is amended—

(A) by striking “sections 205(b)(1)” and inserting “sections 205(b)(1), 809(a)(1),”; and

(B) by striking “either title II” and inserting “title II, VIII.”.

#### Subtitle C—Study

#### SEC. 261. STUDY OF DENIAL OF SSI BENEFITS FOR FAMILY FARMERS.

(a) IN GENERAL.—The Commissioner of Social Security shall conduct a study of the reasons why family farmers with resources of less than \$100,000 are denied supplemental security income benefits under title XVI of the Social Security Act, including whether the deeming process unduly burdens and discriminates against family farmers who do not institutionalize a disabled dependent, and shall determine the number of such farmers who have been denied such benefits during each of the preceding 10 years.

(b) REPORT TO THE CONGRESS.—Within 1 year after the date of the enactment of this Act, the Commissioner of Social Security shall prepare and submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report that contains the results of the study, and the determination, required by subsection (a).

#### TITLE III—CHILD SUPPORT

#### SEC. 301. NARROWING OF HOLD-HARMLESS PROVISION FOR STATE SHARE OF DISTRIBUTION OF COLLECTED CHILD SUPPORT.

(a) IN GENERAL.—Section 457(d) of the Social Security Act (42 U.S.C. 657(d)) is amended to read as follows:

“(d) HOLD HARMLESS PROVISION.—If—

“(1) the State share of amounts collected in the fiscal year which could be retained to reimburse the State for amounts paid to families as assistance by the State is less than the State share of such amounts collected in fiscal year 1995 (determined in accordance with section 457 as in effect on August 21, 1996); and

“(2)(A) the State has distributed to families that include an adult receiving assistance under the program under part A at least 80 percent of the current support payments collected during the preceding fiscal year on behalf of such families, and the amounts distributed were disregarded in determining the amount or type of assistance provided under the program under part A; or

“(B) the State has distributed to families that formerly received assistance under the program under part A the State share of the amounts collected pursuant to section 464 that could have been retained as reimbursement for assistance paid to such families, then the State share otherwise determined for the fiscal year shall be increased by an amount equal to ½ of the amount (if any) by which the State share for fiscal year 1995 exceeds the State share for the fiscal year (determined without regard to this subsection).”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall be effective with respect to calendar quarters occurring during the period that begins on October 1, 1998, and ends on September 30, 2001.

(c) REPEAL.—Effective October 1, 2001, section 457 of the Social Security Act (42 U.S.C. 657) is amended—

(1) in subsection (a), by striking “subsections (e) and (f)” and inserting “subsections (d) and (e)”;

(2) by striking subsection (d);

(3) in subsection (e), by striking the second sentence; and

(4) by redesignating subsections (e) and (f) as subsections (d) and (e), respectively.

#### TITLE IV—TECHNICAL CORRECTIONS

#### SEC. 401. TECHNICAL CORRECTIONS RELATING TO AMENDMENTS MADE BY THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT OF 1996.

(a) Section 402(a)(1)(B)(iv) of the Social Security Act (42 U.S.C. 602(a)(1)(B)(iv)) is amended by striking “Act” and inserting “section”.

(b) Section 409(a)(7)(B)(i)(II) of the Social Security Act (42 U.S.C. 609(a)(7)(B)(i)(II)) is amended by striking “part” and inserting “section”.

(c) Section 413(g)(1) of the Social Security Act (42 U.S.C. 613(g)(1)) is amended by striking “Act” and inserting “section”.

(d) Section 416 of the Social Security Act (42 U.S.C. 616) is amended by striking “Opportunity Act” and inserting “Opportunity Reconciliation Act” each place such term appears.

(e) Section 431(a)(6) of the Social Security Act (42 U.S.C. 629a(a)(6)) is amended—

(1) by inserting “, as in effect before August 22, 1986” after “482(i)(5)”; and

(2) by inserting “, as so in effect” after “482(i)(7)(A)”.

(f) Sections 452(a)(7) and 466(c)(2)(A)(i) of the Social Security Act (42 U.S.C. 652(a)(7) and 666(c)(2)(A)(i)) are each amended by striking “Social Security” and inserting “social security”.

(g) Section 454 of the Social Security Act (42 U.S.C. 654) is amended—

(1) by striking “, or” at the end of each of paragraphs (6)(E)(i) and (19)(B)(i) and inserting “; or”;

(2) in paragraph (9), by striking the comma at the end of each of subparagraphs (A), (B), and (C) and inserting a semicolon; and

(3) by striking “, and” at the end of each of paragraphs (19)(A) and (24)(A) and inserting “; and”.

(h) Section 454(24)(B) of the Social Security Act (42 U.S.C. 654(24)(B)) is amended by striking “Opportunity Act” and inserting “Opportunity Reconciliation Act”.

(i) Section 344(b)(1)(A) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193; 110 Stat. 2236) is amended to read as follows:

“(A) in paragraph (1), by striking subparagraph (B) and inserting the following:

“(B) equal to the percent specified in paragraph (3) of the sums expended during such quarter that are attributable to the planning, design, development, installation or enhancement of an automatic data processing and information retrieval system (including in such sums the full cost of the hardware components of such system); and”.

(j) Section 457(a)(2)(B)(i)(I) of the Social Security Act (42 U.S.C. 657(a)(2)(B)(i)(I)) is amended by striking “Act Reconciliation” and inserting “Reconciliation Act”.

(k) Section 457 of the Social Security Act (42 U.S.C. 657) is amended by striking “Opportunity Act” each place it appears and inserting “Opportunity Reconciliation Act”.

(l) Effective on the date of the enactment of this Act, section 404(e) of the Social Security Act (42 U.S.C. 604(e)) is amended by inserting “or tribe” after “State” the first and second places it appears, and by inserting “or tribal” after “State” the third place it appears.

(m) Section 466(a)(7)(A) of the Social Security Act (42 U.S.C. 666(a)(7)(A)) is amended by striking “1681a(f)” and inserting “1681a(f))”.

(n) Section 466(b)(6)(A) of the Social Security Act (42 U.S.C. 666(b)(6)(A)) is amended by striking “state” and inserting “State”.

(o) Section 471(a)(8) of the Social Security Act (42 U.S.C. 671(a)(8)) is amended by striking “(including activities under part F)”.

(p) Section 1137(a)(3) of the Social Security Act (42 U.S.C. 1320b-7(a)(3)) is amended by striking “453A(a)(2)(B)(iii)” and inserting “453A(a)(2)(B)(ii))”.

(q) Except as provided in subsection (l), the amendments made by this section shall take effect as if included in the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193; 110 Stat. 2105).

#### CARDIAC ARREST SURVIVAL ACT OF 1999

#### GORTON AMENDMENT NO. 2798

Ms. COLLINS (for Mr. GORTON) proposed an amendment to the bill (S. 1488) to amend the Public Health Service Act to provide for recommendations of the Secretary of Health and Human Services regarding the placement of automatic external defibrillators in Federal buildings in order to improve survival rates of individuals who experience cardiac arrest in such buildings, and to establish protections from civil liability arising from the emergency use of the devices; as follows:

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Cardiac Arrest Survival Act of 1999”.

#### SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Each year more than 250,000 adults suffer cardiac arrest, usually away from a hospital. More than 95 percent of them will die, in many cases because cardiopulmonary resuscitation (“CPR”), defibrillation, and advanced life support are provided too late to reverse the cardiac arrest. These cardiac arrests occur primarily from occult underlying heart disease and from drowning, allergic or sensitivity reactions, or electrical shocks.

(2) Every minute that passes before returning the heart to a normal rhythm after a cardiac arrest causes the chance of survival to fall by 10 percent.

(3) In communities where strong public access to defibrillation programs have been implemented, survival from cardiac arrest has improved by as much as 20 percent.

(4) Survival from cardiac arrest requires successful early implementation of a chain of events, known as the chain of survival, which must be initiated as soon as the person sustains a cardiac arrest and must continue until the person arrives at the hospital.

(5) The chain of survival is the medical standard of care for treatment of cardiac arrest.

(6) A successful chain of survival requires the first person on the scene to take rapid and simple initial steps to care for the patient and to assure that the patient promptly enters the emergency medical services system. These steps include—

(A) recognizing an emergency and activating the emergency medical services system;

(B) beginning CPR; and

(C) using an automated external defibrillator (“AED”) if one is available at the scene.

(7) The first persons at the scene of an arrest are typically lay persons who are friends or family of the victim, fire services, public safety personnel, basic life support emergency medical services providers, teachers,

coaches and supervisors of sports or other extracurricular activities, providers of day care, school bus drivers, lifeguards, attendants at public gatherings, coworkers, and other leaders within the community.

(8) The Federal Government should facilitate programs for the placement of AEDs in public buildings, including provisions regarding the training of personnel in CPR and AED use, integration with the emergency medical services system, and maintenance of the devices.

**SEC. 3. RECOMMENDATIONS OF SECRETARY OF HEALTH AND HUMAN SERVICES REGARDING PLACEMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS IN BUILDINGS.**

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following section:

**“RECOMMENDATIONS REGARDING PLACEMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS IN BUILDINGS**

**“SEC. 247. (a) RECOMMENDATION FOR FEDERAL BUILDINGS.—**

**“(1) IN GENERAL.—**Not later than 90 days after the date of the enactment of the Cardiac Arrest Survival Act of 1999, the Secretary shall assist in providing for an improvement in the survival rates of individuals who experience cardiac arrest in Federal buildings by publishing in the Federal Register for public comment the recommendations of the Secretary with respect to placing automatic external defibrillators in such buildings. The Secretary shall in addition assist Federal agencies in implementing programs for such placement.

**“(2) AGENCY ASSESSMENTS.—**Not later than 180 days after the date on which the recommendations are published under paragraph (1), the head of each Federal agency that occupies a Federal building that meets the criteria described in subsection (a)(1) shall submit to the Secretary an assessment of the ability of each such agency to meet the goals described in subsection (c).

**“(b) ADDITIONAL RECOMMENDATIONS.—**The Secretary shall publish, as part of the recommendations referred to in subsection (a), recommendations with respect to the placement of automatic external defibrillators in buildings and facilities, or other appropriate venues, frequented by the public (other than the buildings referred to in subsection (a)). Such recommendations shall only be for information purposes for States and localities to consider in determining policy regarding the use or placement of such defibrillators in recommended buildings, facilities or venues.

**“(c) CONSIDERATION OF CERTAIN GOALS FOR SURVIVAL RATES.—**In carrying out this section, the Secretary shall consider the goals established by national public-health organizations for improving the survival rates of individuals who experience cardiac arrest in nonhospital settings, including goals for minimizing the time elapsing between the onset of cardiac arrest and the initial medical response.

**“(d) CERTAIN PROCEDURES.—**The matters addressed by the Secretary in the recommendations under subsections (a) and (b) shall include the following:

**“(1) Procedures for implementing appropriate nationally recognized training courses in performing cardiopulmonary resuscitation and the use of automatic external defibrillators.**

**“(2) Procedures for proper maintenance and testing of such devices, according to the guidelines of the manufacturer of the devices.**

**“(3) Procedures for ensuring direct involvement of a licensed medical professional and coordination with local emergency medical services in the oversight of training and no-**

**tification of incidents of the use of the devices.**

**“(4) Procedures for ensuring notification of an agent of the local emergency medical system dispatch center of the location and type of device.**

**“(e) CERTAIN CRITERIA.—**In making recommendations under subsections (a) and (b), the Secretary shall determine the following:

**“(1) Criteria for selecting the public buildings, facilities and other venues in which automatic external defibrillators should be placed, taking into account—**

**“(A) the typical number of employees and visitors in the buildings, facilities or venues;**

**“(B) the extent of the need for security measures regarding the buildings, facilities or venues;**

**“(C) buildings, facilities or other venues, or portions thereof, in which there are special circumstances such as high electrical voltage or extreme heat or cold; and**

**“(D) such other factors as the Secretary determines to be appropriate.**

**“(2) Criteria regarding the maintenance of such devices (consistent with the labeling for the devices).**

**“(3) Criteria for coordinating the use of the devices in public buildings, facilities or other venues with providers of emergency medical services for the geographic areas in which the buildings, facilities or venues are located.”**

**SEC. 4. IMMUNITY FROM CIVIL LIABILITY FOR EMERGENCY USE OF AUTOMATED EXTERNAL DEFIBRILLATORS.**

Part B of title II of the Public Health Service Act, as amended by section 3 of this Act, is amended by adding at the end the following section:

**“LIABILITY REGARDING EMERGENCY USE OF AUTOMATED EXTERNAL DEFIBRILLATORS**

**“SEC. 248. (a) PERSONS USING AEDS.—**Any person who provides emergency medical care through the use of an automated external defibrillator is immune from civil liability for any personal injury or wrongful death resulting from the provision of such care, except as provided in subsection (c).

**“(b) OTHER PERSONS INVOLVED WITH AEDS; SPECIAL RULES FOR ACQUIRERS.—**

**“(1) IN GENERAL.—**With respect to a personal injury or wrongful death to which subsection (a) applies, in addition to the person who provided emergency medical care through the use of the automated external defibrillator, the person described in paragraph (2) is with respect to the device immune from civil liability for the personal injury or wrongful death in accordance with such paragraph, except as provided in subsection (c).

**“(2) PERSON DESCRIBED.—**A person described in this paragraph is the person who acquired the device for use at a nonmedical facility (in this paragraph referred to as the “acquirer”). Such person shall be immune from liability as provided for in paragraph (1) if the following conditions are met:

**“(A) The condition that the acquirer notified local emergency response personnel of the most recent placement of the device within a reasonable period of time after the device was placed.**

**“(B) The condition that, as of the date on which the emergency occurred, the device had been maintained and tested in accordance with the guidelines established for the device by the manufacturer of the device.**

**“(C) In any case in which the person who provided the emergency medical care through the use of the device was an employee or agent of the acquirer, and the employee or agent was within the class of persons the acquirer expected would use the device in the event of a relevant emergency, the condition that the employee or agent re-**

**ceived reasonable instruction in the use of such devices through a course approved by the Secretary or by the chief public health officer of any of the States.**

**“(c) INAPPLICABILITY OF IMMUNITY.—**Immunity under subsections (a) and (b) does not apply to a person if—

**“(1) the person engaged in gross negligence or willful or wanton misconduct in the circumstances described in such subsections that apply to the person with respect to automated external defibrillators; or**

**“(2) the person was a licensed or certified medical professional who was using the automated external defibrillator while acting within the scope of their license or certification, and within the scope of their employment as a medical professional.**

**“(d) RULES OF CONSTRUCTION.—**

**“(1) IN GENERAL.—**The following applies with respect to this section:

**“(A) This section is not applicable in any State that (before, on, or after the date of the enactment of the Cardiac Arrest Survival Act of 1999) provides through statute or regulations any degree of immunity for any class of persons for civil liability for personal injury or wrongful death arising from the provision of emergency medical care through the use of an automated external defibrillator.**

**“(B) This section does not waive any protection from liability for Federal officers or employees under—**

**“(i) section 224; or**

**“(ii) sections 1346(b), 2672 and 2679 of title 28, United States Code, or under alternative benefits provided by the United States where the availability of such benefits precludes a remedy under section 1346(b) of title 28.**

**“(C) This section does not require that an automated external defibrillator be placed at any building or other location.**

**“(2) CIVIL ACTIONS UNDER FEDERAL LAW.—**

**“(A) IN GENERAL.—**The applicability of subsections (a) through (c) includes applicability to any action for civil liability described in subsection (a) that arises under Federal law.

**“(B) FEDERAL AREAS ADOPTING STATE LAW.—**If a geographic area is under Federal jurisdiction and is located within a State but out of the jurisdiction of the State, and if, pursuant to Federal law, the law of the State applies in such area regarding matters for which there is no applicable Federal law, then an action for civil liability described in subsection (a) that in such area arises under the law of the State is subject to subsections (a) through (c) in lieu of any related State law that would apply in such area in the absence of this subparagraph.”

**TWENTY-FIRST CENTURY  
RESEARCH LABORATORIES ACT**

**HARKIN AMENDMENT NO. 2799**

Ms. COLLINS (for Mr. HARKIN) proposed an amendment to the bill (S. 1268) to amend the Public Health Service Act to provide support for the modernization and construction of biomedical and behavioral research facilities and laboratory instrumentation; as follows:

On page 16, lines 14 and 15, strike “\$250,000,000 for fiscal year 2000, \$500,000,000” and insert “\$250,000,000”.