

for stroke patients in hospitals, and to increase the quality of stroke care in rural hospitals through improvements in telemedicine.

The Act directs the Secretary of Health and Human Services to conduct a national media campaign to inform the public about the symptoms of stroke, so that patients receive prompt medical care. The bill also creates the Paul Coverdell Stroke Registry and Clearinghouse, which will collect data about the care of stroke patients and assist in the development of more effective treatments.

The Community Access to Emergency Defibrillation Act will increase the availability of lifesaving cardiac defibrillators in communities throughout the nation. We could save thousands of lives every year if defibrillators were more widely available, yet few communities are able to make this technology widely accessible.

The measure approved by the Senate today will establish new initiatives to increase access to defibrillators. It will assist communities in placing these lifesaving medical devices in public areas like schools, workplaces, community centers, and other locations where people gather. It will help communities provide training to use and maintain the devices, and to coordinate planning with emergency medical personnel. The legislation will also assist in placing defibrillators in schools so that cardiac arrest can be effectively treated when it strikes the youngest and most vulnerable of our citizens.

Sudden cardiac arrest is a tragedy for families all across America. Communities that have already implemented programs to increase public access to defibrillators like the extremely successful "First Responder Defibrillator Program" in Boston have been able to increase survival rates by 50 percent. More than 50,000 lives could be saved each year if more communities implemented programs such as Boston's.

The two measures approved by the Senate today can make a significant difference in the lives of the thousands of Americans who suffer a stroke or cardiac arrest every year. For such patients, even a few minutes' delay in receiving treatment can make the difference between healthy survival and disability or death. We need to do all we can to see that those precious minutes are not wasted. This legislation is important to every community in America. I commend my colleagues for having approved these measures, and I urge our colleagues in the House of Representatives to act on them promptly.

COMMUNITY ACCESS TO EMERGENCY DEFIBRILLATION ACT OF 2001

Mr. REID. I ask unanimous consent the Senate now proceed to the consideration of Calendar No. 215, S. 1275.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1275) to amend the Public Health Service Act to provide grants for public access defibrillation demonstration projects, and so forth, and for other purposes.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment on page 10, line 23, to strike ("").

Mr. REID. I ask unanimous consent the committee amendment be agreed to, the bill as amended be read a third time, passed, the motion to reconsider be laid on the table, and any statements relating thereto be printed in the RECORD.

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

The bill was read the third time and passed; as follows:

S. 1275

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Community Access to Emergency Defibrillation Act of 2001".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Over 220,000 Americans die each year from cardiac arrest. Every 2 minutes, an individual goes into cardiac arrest in the United States.

(2) The chance of successfully returning to a normal heart rhythm diminishes by 10 percent each minute following sudden cardiac arrest.

(3) Eighty percent of cardiac arrests are caused by ventricular fibrillation, for which defibrillation is the only effective treatment.

(4) Sixty percent of all cardiac arrests occur outside the hospital. The average national survival rate for out-of-hospital cardiac arrest is only 5 percent.

(5) Communities that have established and implemented public access defibrillation programs have achieved average survival rates for out-of-hospital cardiac arrest as high as 50 percent.

(6) According to the American Heart Association, wide use of defibrillators could save as many as 50,000 lives nationally each year.

(7) Successful public access defibrillation programs ensure that cardiac arrest victims have access to early 911 notification, early cardiopulmonary resuscitation, early defibrillation, and early advanced care.

SEC. 3. PUBLIC ACCESS DEFIBRILLATION PROGRAMS AND PROJECTS.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by Public Law 106-310, is amended by adding after section 311 the following:

"SEC. 312. PUBLIC ACCESS DEFIBRILLATION PROGRAMS.

"(a) IN GENERAL.—The Secretary shall award grants to States, political subdivisions of States, Indian tribes, and tribal organizations to develop and implement public access defibrillation programs—

"(1) by training and equipping local emergency medical services personnel, including firefighters, police officers, paramedics, emergency medical technicians, and other first responders, to administer immediate care, including cardiopulmonary resuscitation and automated external defibrillation, to cardiac arrest victims;

"(2) by purchasing automated external defibrillators, placing the defibrillators in

public places where cardiac arrests are likely to occur, and training personnel in such places to administer cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims;

"(3) by setting procedures for proper maintenance and testing of such devices, according to the guidelines of the manufacturers of the devices;

"(4) by providing training to members of the public in cardiopulmonary resuscitation and automated external defibrillation;

"(5) by integrating the emergency medical services system with the public access defibrillation programs so that emergency medical services personnel, including dispatchers, are informed about the location of automated external defibrillators in their community; and

"(6) by encouraging private companies, including small businesses, to purchase automated external defibrillators and provide training for their employees to administer cardiopulmonary resuscitation and external automated defibrillation to cardiac arrest victims in their community.

"(b) PREFERENCE.—In awarding grants under subsection (a), the Secretary shall give a preference to a State, political subdivision of a State, Indian tribe, or tribal organization that—

"(1) has a particularly low local survival rate for cardiac arrests, or a particularly low local response rate for cardiac arrest victims; or

"(2) demonstrates in its application the greatest commitment to establishing and maintaining a public access defibrillation program.

"(c) USE OF FUNDS.—A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under subsection (a) may use funds received through such grant to—

"(1) purchase automated external defibrillators that have been approved, or cleared for marketing, by the Food and Drug Administration;

"(2) provide automated external defibrillation and basic life support training in automated external defibrillator usage through nationally recognized courses;

"(3) provide information to community members about the public access defibrillation program to be funded with the grant;

"(4) provide information to the local emergency medical services system regarding the placement of automated external defibrillators in public places;

"(5) produce such materials as may be necessary to encourage private companies, including small businesses, to purchase automated external defibrillators; and

"(6) carry out other activities that the Secretary determines are necessary or useful to pursue the purposes of this section.

"(d) APPLICATION.—

"(1) IN GENERAL.—To be eligible to receive a grant under subsection (a), a State, political subdivision of a State, Indian tribe, or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

"(2) CONTENTS.—An application submitted under paragraph (1) shall—

"(A) describe the comprehensive public access defibrillation program to be funded with the grant and demonstrate how such program would make automated external defibrillation accessible and available to cardiac arrest victims in the community;

"(B) contain procedures for implementing appropriate nationally recognized training

courses in performing cardiopulmonary resuscitation and the use of automated external defibrillators;

“(C) contain procedures for ensuring direct involvement of a licensed medical professional and coordination with the local emergency medical services system in the oversight of training and notification of incidents of the use of the automated external defibrillators;

“(D) contain procedures for proper maintenance and testing of the automated external defibrillators, according to the labeling of the manufacturer;

“(E) contain procedures for ensuring notification of local emergency medical services system personnel, including dispatchers, of the location and type of devices used in the public access defibrillation program; and

“(F) provide for the collection of data regarding the effectiveness of the public access defibrillation program to be funded with the grant in affecting the out-of-hospital cardiac arrest survival rate.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$50,000,000 for each of fiscal years 2002 through 2007. Not more than 10 percent of amounts received under a grant awarded under this section may be used for administrative expenses.

“SEC. 313. PUBLIC ACCESS DEFIBRILLATION DEMONSTRATION PROJECTS.

“(a) IN GENERAL.—The Secretary shall award grants to political subdivisions of States, Indian tribes, and tribal organizations to develop and implement innovative, comprehensive, community-based public access defibrillation demonstration projects that—

“(1) provide cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims in unique settings;

“(2) provide training to community members in cardiopulmonary resuscitation and automated external defibrillation; and

“(3) maximize community access to automated external defibrillators.

“(b) USE OF FUNDS.—A recipient of a grant under subsection (a) shall use the funds provided through the grant to—

“(1) purchase automated external defibrillators that have been approved, or cleared for marketing, by the Food and Drug Administration;

“(2) provide basic life training in automated external defibrillator usage through nationally recognized courses;

“(3) provide information to community members about the public access defibrillation demonstration project to be funded with the grant;

“(4) provide information to the local emergency medical services system regarding the placement of automated external defibrillators in the unique settings; and

“(5) carry out other activities that the Secretary determines are necessary or useful to pursue the purposes of this section.

“(c) APPLICATION.—

“(1) IN GENERAL.—To be eligible to receive a grant under subsection (a), a political subdivision of a State, Indian tribe, or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

“(2) CONTENTS.—An application submitted under paragraph (1) may—

“(A) describe the innovative, comprehensive, community-based public access defibrillation demonstration project to be funded with the grant;

“(B) explain how such public access defibrillation demonstration project represents innovation in providing public access to automated external defibrillation; and

“(C) provide for the collection of data regarding the effectiveness of the demonstration project to be funded with the grant in—

“(i) providing emergency cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims in the setting served by the demonstration project; and

“(ii) affecting the cardiac arrest survival rate in the setting served by the demonstration project.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2002 through 2007. Not more than 10 percent of amounts received under a grant awarded under this section may be used for administrative expenses.

“SEC. 313A. GRANTS FOR ACCESS TO DEFIBRILLATION.

“(a) PROGRAM AUTHORIZED.—The Secretary of Health and Human Services shall award a grant to a health care organization to establish a national information clearinghouse that provides information to increase public access to defibrillation in schools.

“(b) DUTIES.—The health care organization that receives a grant under this section shall promote public access to defibrillation in schools by—

“(1) providing timely information to entities regarding public access defibrillation program implementation and development;

“(2) developing and providing comprehensive program materials to establish a public access defibrillation program in schools;

“(3) providing support to CPR and AED training programs;

“(4) fostering new and existing community partnerships with and among public and private organizations (such as local educational agencies, nonprofit organizations, public health organizations, emergency medical service providers, fire and police departments, and parent-teacher associations) to promote public access to defibrillation in schools;

“(5) establishing a data base to gather information in a central location regarding sudden cardiac arrest in the pediatric population and identifying or conducting further research into the problem; and

“(6) providing assistance to communities that wish to develop screening programs for at risk youth.

“(c) APPLICATION.—A health care organization desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

“(d) REPORT.—Not later than 5 years after the date on which the health care organization receives a grant under this section, such organization shall submit to the Secretary of Health and Human Services a report that describes activities carried out with funds received under this section. Not later than 3 months after the date on which such report is received by the Secretary of Health and Human Services, the Secretary shall prepare and submit to the appropriate committees of Congress an evaluation that reviews such report and evaluates the success of such clearinghouse.

“(e) AUTHORIZATION OF APPROPRIATIONS.—From funds authorized to be appropriated for fiscal years 2002 through 2006 for activities and programs under the Department of Health and Human Services, \$800,000 of such funds may be appropriated to carry out the programs described in this section for each of the fiscal years 2002 through 2006.”.

RECOGNIZING THE 91ST BIRTHDAY OF RONALD REAGAN

Mr. REID. Madam President, I ask unanimous consent the Senate now proceed to the consideration of H.J. Res. 82.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A joint resolution (H.J. Res. 82) to recognize the 91st birthday of Ronald Reagan.

There being no objection, the Senate proceeded to consider the joint resolution.

Mr. REID. I ask unanimous consent the joint resolution be considered, read a third time, and passed, the motion to reconsider be laid on the table, and any statements relating to the resolution be printed in the RECORD.

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

The joint resolution (H.J. Res. 82) was read the third time and passed.

ORDER FOR STAR PRINT—S. 822

Mr. REID. I ask unanimous consent S. 822 be star printed with the changes at the desk.

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

ORDERS FOR THURSDAY, FEBRUARY 7, 2002

Mr. REID. Madam President, I ask unanimous consent that when the Senate completes its business today, it adjourn until the hour of 10 a.m. tomorrow, Thursday, February 7; that following the prayer and pledge the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate then resume consideration of S. 1731.

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

PROGRAM

Mr. REID. Madam President, there is a unanimous consent agreement that the next rollcall vote will occur at approximately 10:05 a.m. in relation to the Durbin amendment, as modified, with regard to nutrition.

The RECORD should be spread with the fact that the Senate as of just a short time ago had not yet received the modification agreement Senator DURBIN has been working on with Senator GRAMM. If for some reason that is not completed during the evening or early morning hour, then we would go immediately to the Dorgan-Grassley amendment.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. REID. Madam President, if there is no further business to come before