

SENATE RESOLUTION 141—TO AUTHORIZE REPRESENTATION BY SENATE LEGAL COUNSEL

Mr. DOLE (for himself and Mr. DASCHLE) submitted the following resolution; which was considered and agreed to:

S. RES. 141

Whereas, in the case of *William D. (Bill) Peterson v. The Honorable Senator Orrin G. Hatch*, No. 95-C-0352-S, pending in the United States District Court for the District of Utah, the plaintiff has named Senator Orrin G. Hatch as the defendant;

Whereas, pursuant to sections 702(a) and 704(a)(1) of the Ethics in Government Act of 1978, 2 U.S.C. §§288b(a) and 288c(a)(1)(1994), the Senate may direct its counsel to defend Members of the Senate in civil actions relating to their official responsibilities: Now, therefore, be it

*Resolved*, That the Senate Legal Counsel is authorized to represent Senator Orrin G. Hatch in the case of *William D. (Bill) Peterson II v. The Honorable Senator Orrin G. Hatch*.

AMENDMENTS SUBMITTED

THE PRIVATE SECURITIES LITIGATION REFORM ACT OF 1995

SHELBY (AND OTHERS) AMENDMENT NO. 1468

Mr. SHELBY (for himself, Mr. BRYAN, Mrs. BOXER, and Mr. SARBANES) proposed an amendment to the bill (S. 240) to amend the Securities Exchange Act of 1934 to establish a filing deadline and to provide certain safeguards to ensure that the interests of investors are well protected under the implied private action provisions of the act; as follows:

On page 134, strike lines 5 through 24, and insert "uncollectible share in proportion to the percentage of responsibility of that defendant, as determined under subsection (c)."

BRYAN AMENDMENT NO. 1469

Mr. BRYAN proposed an amendment to the bill S. 240, supra, as follows:

On page 129, between lines 16 and 17, insert the following:

SEC. 111. STATUTE OF LIMITATIONS.

Title I of the Securities Exchange Act of 1934 (15 U.S.C. 78a et seq.) is amended by adding at the end the following new section:

"SEC. 38. STATUTE OF LIMITATIONS.

"(a) IN GENERAL.—Except as otherwise provided in this title, an implied private right of action arising under this title may be brought not later than the earlier of—

"(1) 5 years after the date on which the alleged violation occurred; or

"(2) 2 years after the date on which the alleged violation was discovered.

"(b) EFFECTIVE DATE.—The limitations period provided by this section shall apply to all proceedings commenced after the date of enactment of this section."

On page 131, strike line 1, and insert the following:

"SEC. 39. PROPORTIONATE LIABILITY.

Amend the table of contents accordingly.

BINGAMAN AMENDMENTS NOS. 1470-1471

(Ordered to lie on the table.)

Mr. BINGAMAN submitted two amendments intended to be proposed by him to the bill S. 240, supra, as follows:

AMENDMENT NO. 1470

Beginning on page 105, strike line 1 and all that follows through page 108, line 17.

On page 108, line 24, strike "(k)" and insert "(j)".

On page 109, line 8, strike "(l)" and insert "(k)".

On page 126, line 19, strike "(m)" and insert "(l)".

On page 127, line 6, strike "(m)" and insert "(l)".

Redesignate sections 104 through 110 as sections 103 through 109, respectively.

Amend the table of contents accordingly.

AMENDMENT NO. 1471

On page 85, strike line 24.

On page 86, line 1, strike "(1) SECURITIES ACT OF 1933.—" and insert the following:

"(a) SECURITIES ACT OF 1933.—"

On page 91, line 11, strike "(2) SECURITIES EXCHANGE ACT OF 1934.—" and insert the following:

"(b) SECURITIES EXCHANGE ACT OF 1934.—"

Beginning on page 96, strike line 25 and all that follows through page 104, line 22.

On page 105, line 5, strike "(j)" and insert "(i)".

On page 106, line 25, strike "(l)" and insert "(k)".

On page 108, line 24, strike "(k)" and insert "(j)".

On page 109, line 8, strike "(l)" and insert "(k)".

On page 126, line 19, strike "(m)" and insert "(l)".

On page 127, line 6, strike "(m)" and insert "(l)".

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON LABOR AND HUMAN RESOURCES

Mr. D'AMATO. Mr. President, I ask unanimous consent that the Committee on Labor and Human Resources be authorized to meet for a hearing on the future of the Legal Services Corporation, during the session of the Senate on Friday, June 23, 1995, at 9:30 a.m.

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

ADDITIONAL STATEMENTS

MEDICARE REIMBURSEMENT OF INVESTIGATIONAL MEDICAL DEVICES

Mr. GRAMS. Mr. President, I have come to the floor today to express my strong support for S. 955, the Advanced Medical Devices Access Assurance Act, introduced by Senator HATCH.

I believe enactment of this legislation will correct a problem facing many of Minnesota's medical device manufacturers, physicians, and academic medical centers.

The U.S. medical device industry is recognized throughout the world for the unsurpassed quality of its products and innovative technologies which have positioned us as the world's leader in medical device technology.

If we do not address Medicare's failure to reimburse for investigational

medical devices involved in clinical trials, we will lose this position.

Large and small medical device manufacturers, many of which are located in my home State of Minnesota, are aggressively developing new devices every day.

The future of these manufacturers is dependent on their ability to bring these technologies to the market through clinical trials and the FDA approval process.

Unfortunately, today, these companies are unable to conduct clinical trials because of the fear and uncertainty surrounding HCFA's reimbursement policy.

By ignoring the benefits of medical device clinical trials, HCFA's policy will increase hospital stays, increase health care costs, and increase mortality rates.

Each day that we delay reform efforts, doctors continue to be denied the opportunity for needed training, medical device companies continue to move their technologies and jobs overseas, and senior citizens continue to be denied access to the latest, most innovative medical technology.

America's medical technology community deserves better and most importantly, America's senior citizens deserve better.

We can no longer allow HCFA to ignore this pending crisis and as chairman of the Senate medical technology caucus, I look forward to working with Senator HATCH to make this legislation a top priority in the Senate.

PENNSYLVANIA STATION AND THE NATIONAL HIGHWAY SYSTEM DESIGNATION ACT OF 1995

● Mr. MOYNIHAN. Mr. President, last night the Senate passed the National Highway System legislation, and in so doing determined the future of our Nation's intermodal infrastructure. New York has an important role in an efficient national intermodal system.

A month ago I rose before the Senate to remark how pleased I was that the conference report for the Department of Defense supplemental appropriations bill included an appropriation of \$21.5 million for capital improvements associated with safety-related emergency repairs to Pennsylvania Station in New York City. The station is the busiest intermodal station in the Nation, with almost 40 percent of Amtrak's passengers nationwide passing through every day. It is the linchpin for intermodal travel in the United States.

Unfortunately, it is also the most decrepit of the Northeast corridor stations, others of which, such as Washington DC's own Union Station, have been renovated with Federal grants. Today, Pennsylvania Station handles almost 500,000 riders daily in a subterranean complex that demands improvement. According to the New York City Fire Commissioner, there have been nine major fires at the station since 1987. Luckily, these fires have occurred at off-hours. As it stands, the

station could not cope with an emergency when it is crowded with the 42,000 souls who pass through every workday between 8 and 9 a.m. In addition, structural steel in the station has shown its age and needs immediate repair. And these are just the most pressing needs.

There is also a need to add capacity as ridership grows. The station, designed in 1963, will not be able to accommodate the growing volume of people. It is projected that by the year 2005, New Jersey Transit ridership will increase 44 percent, Amtrak, 26 percent, and the Long Island Railroad, 9 percent. If we do not act now, pedestrian gridlock will shut us down in 10 years.

Happily, there is a redevelopment plan to change things for the better, a \$315 million project to renovate the existing station in the only way possible: across the street into a portion of the neighboring historic James A. Farley Post Office. The plan will nearly double the access to the station's platforms, which lie far below street level beneath both buildings. Moreover, there is a financing plan in place that will accomplish this with \$100 million from the Federal Government—\$31.5 million has already been appropriated—\$100 million from the State and city, and \$115 million from a combination of historic tax credits, bonds supported by revenue from the project's retail component, and building shell improvements by the Postal Service, owner of the James A. Farley Building. Governor Pataki of New York and Mayor Giuliani of New York City strongly support the project and have made available funding in their budgets in accordance with a memorandum of agreement signed in August 1994.

Now, \$26½ million can be used immediately for pressing safety repairs at the existing station, in the first step of the overall redevelopment effort. These are the first Federal funds into the project that will actually go toward construction, and they will count towards the Federal share of the \$315 million project to transform the station into a complex capable of safely handling the crowds that have made Pennsylvania Station the Nation's busiest intermodal facility. The authorization approved in this bill for the remaining Federal share of the project will assure the viability of the Pennsylvania Station into the 21st century.●

#### A TRIBUTE TO GEORGE E. NORCROSS, SR.

● Mr. LAUTENBERG. Mr. President, I rise today to pay tribute to a man who never failed to rise to the challenge of serving his fellow human beings; George E. Norcross, Sr.

George started as a union organizer in the 1940's. He got involved in the labor movement because he understood that working people needed to come together to protect their common interests and promote their common goals.

He translated that theory into practice when he founded and served as president of RCA Local 106 in Morrestown, NJ. His responsibilities to the local kept him busy, but they did not prevent him from becoming involved in other activities. His commitment to the labor movement ultimately resulted in his serving as president of the AFL-CIO Central Labor Council of South Jersey. In that capacity, he made sure that the union movement contributed to the community as a whole as well as its members.

George took steps to get the 80,000 members of the central labor council's 73 locals involved in community events. He became active in the United Way and served as chairman of the campaign in 1982 as well as holding other post of responsibility in that organization.

While George recognized the need for larger organizations like the United Way, he never lost sight of the obligation that labor unions themselves had to assist those in needs. He served as president of the union organization for social service which provided services to the community ranging from food banks to job training and clothing drives.

George is the kind of man who believed that Americans ought to care about their neighbors and accept a responsibility to help them. His life has been devoted to basic values: seeing all men and women as brothers and sisters, realizing that we share common dreams and face a common destiny, accepting the obligation and opportunity to give those in need a helping hand.

Mr. President, because of George, literally tens of thousands of lives have been improved and enriched. I join with those tens of thousands in wishing him a rewarding retirement and expressing our appreciation for all he has done, and all that he will continue to do.●

#### RURAL HEALTH IMPROVEMENT ACT OF 1995

● Mr. ROCKEFELLER. Mr. President, I am very pleased to be here with my colleagues from Montana and Iowa, Senators BAUCUS and GRASSLEY, to introduce a bill for rural America. The point of our bill is to help make sure that the people living in rural areas—who are disproportionately elderly—will be assured access to vital health care services, especially primary care and emergency care services. Our legislation is an effort to make sure that senior citizens are not forced to travel long distances in emergency situations or for simple, but life-saving reasons like getting certain tests.

Getting reliable access to health care services has always been a struggle for the people of rural West Virginia and the rest of the country. Now, as major changes are unfolding in the delivery of health care and throughout the health care system, many rural hospitals are being forced to re-examine and re-focus their mission and their capabilities.

Our bill steps in by giving rural hospitals across the country an important option that rural hospitals in West Virginia and 7 other States already have to be more responsive to the people in their areas. Under this bill, rural hospitals will be relieved of burdensome regulations that may interfere with their ability to meet the most critical health needs of their local community.

Currently, most rural hospitals have only one choice when faced with declining occupancy rates, declining Medicare and Medicaid reimbursement rates, and intense market pressures to lower their costs: closing their doors. Small, rural hospitals are simply not able to take advantage of the "law of large numbers" and economize like larger hospitals can. Under our legislation, when a full-service hospital is no longer sustainable, critical access hospitals will assure rural residents basic access to essential primary care and emergency health care services.

This legislation is modeled on two separate, ongoing rural hospital demonstration projects. It is modeled after a demonstration project in Montana, called the Medical Assistance Facilities or MAF Program which has been in existence since 1990 and the Essential Access Community Hospital and Rural Primary Care Hospital Program, more commonly referred to as the EACH/RPCH Program which exists in seven States.

Under these demonstration programs, limits are placed on the number of licensed beds and patient length of stays in the participating rural hospitals. In exchange, hospitals receive slightly higher Medicare payments to cover the important services they do provide—along with relief from Federal regulations that are intended for full-scale, acute care hospitals.

We believe, based on new cost information collected by the General Accounting Office, that our legislation will actually save the Medicare Program money. By giving hospitals some flexibility on staffing and other Federal regulations, hospitals can staff-up based on their patients' need, not just to meet regulations meant for completely different situations. We want to encourage the development of rural health networks, to help small, rural hospitals save money and improve quality by tapping into the resources of larger, full-service hospitals. The labors of health care should be divided according to who can do what best, but there absolutely is a role for rural hospitals and a reason for Congress to help them survive.

Mr. President, this legislation will make sure that rural residents will have immediate access to emergency care, and that they and their families won't be forced to travel long distances for routine medical care. Rural residents who need just a short stay in the hospital can stay and receive their care at the local hospital rather than traveling to a usually more expensive medical center.