

Activities of the U.S. Department of Health and Human Services"; to the Committee on Labor and Human Resources.

#### REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. WARNER, from the Committee on Rules and Administration, without amendment:

S. Con. Res. 33. A concurrent resolution authorizing the use of the Capital Grounds for the National SAFE KIDS Campaign SAFE KIDS Buckle Up Car Seat Check Up.

#### INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mrs. HUTCHISON (for herself, Mr. COCHRAN, Mr. FAIRCLOTH, and Mr. NICKLES):

S. 1068. A bill to amend section 353 of the Public Health Service Act to exempt physician office laboratories from the clinical laboratories requirements of that section; to the Committee on Labor and Human Resources.

By Mr. MURKOWSKI (for himself and Mr. WARNER):

S. 1069. A bill entitled the "National Discovery Trails Act of 1997"; to the Committee on Energy and Natural Resources.

By Mr. JEFFORDS:

S. 1070. A bill to provide for a regional education and workforce training system in the metropolitan Washington area, to improve the school facilities of the District of Columbia, and to fund such activities in part by an income tax on nonresident workers in the District of Columbia; to the Committee on Finance.

By Mr. D'AMATO (by request):

S. 1071. A bill to facilitate the effective and efficient management of the homeless assistance programs of the Department of Housing and Urban Development, including the merger of such programs into one performance fund, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

#### SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. GRASSLEY (for himself, Mr. LUGAR, Mr. HARKIN, and Mr. KERREY):

S. Con. Res. 43. A concurrent resolution urging the United States Trade Representative immediately to take all appropriate action with regards to Mexico's imposition of antidumping duties on United States high fructose corn syrup; considered and agreed to.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. HUTCHISON (for herself, Mr. COCHRAN, Mr. FAIRCLOTH, and Mr. NICKLES):

S. 1068. A bill to amend section 353 of the Public Health Service Act to exempt physician office laboratories from the clinical laboratories requirements of that section; to the Committee on Labor and Human Resources.

#### THE CLINICAL LABORATORY IMPROVEMENT ACT AMENDMENTS OF 1997

Mrs. HUTCHISON. Mr. President, I rise today to introduce legislation that is critically needed to reduce the regulatory burdens on our doctor's offices today.

In 1988, Congress passed the Clinical Laboratory Improvement Act as a reaction to reports about laboratories that inaccurately analyzed PAP smears. CLIA 1988 was intended to address the quality of laboratory test performance. Unfortunately, the regulations enacted as a result of the CLIA 1988 legislation did not reflect the intent of the act. What in effect happened following the passage of CLIA 1988 was a series of regulations that substantially increased the amount of paperwork to be performed in physician offices and now ultimately increases the cost of health care to the patients. There has been little, if any, documentation that the CLIA 1988 reforms resulted in an improvement in patient care.

In fact, a Texas Medical Association study showed that the annual cost of the labor and administrative overhead added by CLIA averages \$4,435 per physician. This is in addition to the cost of registration, controls, proficiency testing, and inspection or accreditation. At a time when the entire health care industry is under pressure to control health care costs, the CLIA regulations not only subject physicians to increased administrative costs but also decrease the amount of time devoted to patient care.

One Texas physician describes his CLIA inspection as being left with a feeling that nothing of any real value was accomplished. Dr. McBryer from the Texas Panhandle relates the inspection:

We were written up for such monumental things as the fact that I had not signed the procedure manual for one of our lab machines. Therefore, everything done on that machine, including the training, was out of compliance. The fact that the manufacturer's rep had come and trained the staff was to no avail. Everything was out of compliance because I didn't sign it. It didn't matter that they had learned how to use it. That was irrelevant.

The CLIA amendments I am introducing will reduce the burdens on physicians who perform laboratory tests in their offices and thereby free up resources and time to dedicate to patient care. In Texas alone, of the physicians who provided testing services in their offices prior to CLIA, 27 percent have closed their office labs, and another 31 percent have discounted some type of testing, as a direct result of the CLIA 1988 reforms. This has resulted in some areas of Texas experiencing physician shortages. Many physicians are concerned about the possible consequences to patients caused by the decreased access to testing or the delay in obtaining results. In the wake of the health care reform debate, it is important to promote quality-driven cost-effective ways of delivery care.

Mr. President, the CLIA 1997 amendments will not jeopardize the quality of laboratory testing. This bill will exempt physician office lab tests from the CLIA 1988 restrictions that have caused many physicians to discontinue simple laboratory tests due to the excessive amounts of regulation involved in the performance of these tests. The CLIA 1997 amendments that I am introducing today in the Senate will have the narrow purpose of ensuring that essential laboratory testing performed by physicians remain a viable diagnostic option for physicians and their patients without the excessive rules and administratively complex requirements that currently exist, and, most importantly, eliminate the strain the CLIA 1988 legislation is placing on patients in rural areas who are losing access to necessary testing and care.

I hope that all my colleagues will join me in supporting this legislation, which will reduce health care costs and improve the ability of patients to receive laboratory tests in a timely fashion while providing the much needed regulatory relief to physicians all over the country.

By Mr. MURKOWSKI (for himself and Mr. WARNER):

S. 1069. A bill entitled the "National Discovery Trails Act of 1997"; to the Committee on Energy and Natural Resources.

#### THE NATIONAL DISCOVERY TRAILS ACT OF 1997

Mr. MURKOWSKI. Mr. President, I rise today for the purpose of introducing legislation that I think is most significant. This legislation will particularly appeal to those who are inclined to enjoy the outdoors because it will establish our Nation's first coast-to-coast multiuse hiking trail. Take a moment and think about that. You will be able to hike from coast to coast on a hiking trail. That means off the highways, away from the roads, behind the freeways. A true outdoor experience.

Trails are one of America's most popular recreation resources. Millions of Americans hike, they ski, they jog, they bike, they ride horses, they drive snow machines and all-terrain vehicles, they observe nature, commute, and relax on trails throughout the country.

A variety of trails are provided nationwide, including urban bike paths, bridle paths, community greenways, historic trails, motorized trails, and long-distance hiking trails. This legislation will establish the American Discovery Trail, or ADT as it is commonly called. The ADT is a continuous coast-to-coast trail to link the Nation's principal north-south trails and east-west historic trails with shorter local and regional trails into a nationwide network.

Mr. President, by establishing a system of discovery trails, this new category will recognize that using and enjoying trails close to home is equally as important as traversing remote wilderness trails, of which we have many in my State of Alaska. Long-distance