

S. 1921

At the request of Mr. CAMPBELL, the names of the Senator from South Carolina (Mr. THURMOND), the Senator from Ohio (Mr. VOINOVICH), the Senator from Minnesota (Mr. GRAMS) and the Senator from California (Mrs. FEINSTEIN) were added as cosponsors of S. 1921, a bill to authorize the placement within the site of the Vietnam Veterans Memorial of a plaque to honor Vietnam veterans who died after their service in the Vietnam war, but as a direct result of that service.

S. 2044

At the request of Mr. CAMPBELL, the names of the Senator from Kansas (Mr. BROWNBACK) and the Senator from New Mexico (Mr. BINGAMAN) were added as cosponsors of S. 2044, a bill to allow postal patrons to contribute to funding for domestic violence programs through the voluntary purchase of specially issued postage stamps.

S. 2070

At the request of Mr. FITZGERALD, the name of the Senator from South Carolina (Mr. HOLLINGS) was added as a cosponsor of S. 2070, a bill to improve safety standards for child restraints in motor vehicles.

S. 2071

At the request of Mr. GORTON, the name of the Senator from New Mexico (Mr. DOMENICI) was added as a cosponsor of S. 2071, a bill to benefit electricity consumers by promoting the reliability of the bulk-power system.

S. 2112

At the request of Mr. TORRICELLI, the name of the Senator from Missouri (Mr. ASHCROFT) was added as a cosponsor of S. 2112, a bill to provide housing assistance to domestic violence victims.

S. 2183

At the request of Mr. CRAPO, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. 2183, a bill to ensure the availability of spectrum to amateur radio operators.

S. 2217

At the request of Mr. CAMPBELL, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 2217, a bill to require the Secretary of the Treasury to mint coins in commemoration of the National Museum of the American Indian of the Smithsonian Institution, and for other purposes.

S. 2224

At the request of Mr. JEFFORDS, the name of the Senator from Connecticut (Mr. DODD) was added as a cosponsor of S. 2224, a bill to amend the Energy Policy and Conservation Act to encourage summer fill and fuel budgeting programs for propane, kerosene, and heating oil.

S. 2231

At the request of Mr. COVERDELL, the name of the Senator from Arizona (Mr. MCCAIN) was added as a cosponsor of S. 2231, a bill to provide for the placement at the Lincoln Memorial of a plaque

commemorating the speech of Martin Luther King, Jr., known as the "I Have A Dream" speech.

S. 2280

At the request of Mr. MCCONNELL, the name of the Senator from Pennsylvania (Mr. SANTORUM) was added as a cosponsor of S. 2280, a bill to provide for the effective punishment of online child molesters.

S. 2287

At the request of Mr. L. CHAFEE, the names of the Senator from California (Mrs. FEINSTEIN) and the Senator from Maine (Ms. SNOWE) were added as cosponsors of S. 2287, a bill to amend the Public Health Service Act to authorize the Director of the National Institute of Environment Health Sciences to make grants for the development and operation of research centers regarding environmental factors that may be related to the etiology of breast cancer.

S. 2297

At the request of Mr. CRAPO, the names of the Senator from Ohio (Mr. VOINOVICH), the Senator from Colorado (Mr. ALLARD), the Senator from Vermont (Mr. LEAHY) and the Senator from Virginia (Mr. ROBB) were added as cosponsors of S. 2297, a bill to reauthorize the Water Resources Research Act of 1984.

S. 2299

At the request of Mr. L. CHAFEE, the name of the Senator from Minnesota (Mr. GRAMS) was added as a cosponsor of S. 2299, a bill to amend title XIX of the Social Security Act to continue State Medicaid disproportionate share hospital (DSH) allotments for fiscal year 2001 at the levels for fiscal year 2000.

S. 2320

At the request of Mr. JEFFORDS, the name of the Senator from Montana (Mr. BURNS) was added as a cosponsor of S. 2320, a bill to amend the Internal Revenue Code of 1986 to allow a refundable tax credit for health insurance costs, and for other purposes.

S. 2330

At the request of Mr. ROTH, the names of the Senator from Mississippi (Mr. COCHRAN) and the Senator from Arkansas (Mrs. LINCOLN) were added as cosponsors of S. 2330, a bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on telephone and other communication services.

S. 2365

At the request of Ms. COLLINS, the name of the Senator from New Hampshire (Mr. GREGG) was added as a cosponsor of S. 2365, a bill to amend title XVIII of the Social Security Act to eliminate the 15 percent reduction in payment rates under the prospective payment system for home health services.

S. 2367

At the request of Mr. ABRAHAM, the name of the Senator from Minnesota (Mr. GRAMS) was added as a cosponsor of S. 2367, a bill to amend the Immigration and Nationality Act to make im-

provements to, and permanently authorize, the visa waiver pilot program under the Act.

S. 2417

At the request of Mr. CRAPO, the names of the Senator from Washington (Mr. GORTON) and the Senator from Maine (Ms. COLLINS) were added as cosponsors of S. 2417, a bill to amend the Federal Water Pollution Control Act to increase funding for State nonpoint source pollution control programs and for other purposes.

S. 2477

At the request of Mr. GRASSLEY, the names of the Senator from Arkansas (Mrs. LINCOLN), the Senator from Montana (Mr. BURNS), the Senator from Pennsylvania (Mr. SANTORUM) and the Senator from Oregon (Mr. WYDEN) were added as cosponsors of S. 2477, a bill to amend the Social Security Act to provide additional safeguards for beneficiaries with representative payees under the Old-Age, Survivors, and Disability Insurance program or the Supplemental Security Income program.

S. 2486

At the request of Mr. WARNER, the names of the Senator from Maine (Ms. COLLINS) and the Senator from Alabama (Mr. SHELBY) were added as cosponsors of S. 2486, a bill to amend title 10, United States Code, to improve access to benefits under the TRICARE program; to extend and improve certain demonstration programs under the Defense Health Program; and for other purposes.

S. CON. RES. 84

At the request of Mr. WARNER, the name of the Senator from Idaho (Mr. CRAIG) was added as a cosponsor of S. Con. Res. 84, a concurrent resolution expressing the sense of Congress regarding the naming of aircraft carrier CVN-77, the last vessel of the historic "Nimitz" class of aircraft carriers, as the U.S.S. LEXINGTON.

AMENDMENT NO. 3103

At the request of Mr. AKAKA, the names of the Senator from Hawaii (Mr. INOUE) and the Senator from Maine (Ms. SNOWE) were added as cosponsors of amendment No. 3103 intended to be proposed to S. 2, a bill to extend programs and activities under the Elementary and Secondary Education Act of 1965.

SENATE RESOLUTION 302—EX-PRESSING THE SENSE OF THE SENATE THAT THE HEALTH CARE FINANCING ADMINISTRATION SHOULD CONSIDER CURRENT SYSTEMS THAT PROVIDE BETTER, MORE COST EFFECTIVE EMERGENCY TRANSPORT BEFORE PROMULGATING ANY FINAL RULE REGARDING THE DELIVERY OF EMERGENCY MEDICAL SERVICES

Mr. TORRICELLI (for himself and Mr. LAUTENBERG) submitted the following resolution; which was referred to the Committee on Finance:

S. RES. 302

Whereas the State of New Jersey developed and implemented a unique 2-tiered emergency medical services system nearly 25 years ago as a result of studies conducted in New Jersey about the best way to provide services to State residents;

Whereas the 2-tiered system established in New Jersey includes volunteer and for-profit emergency medical technicians who provide basic life support and hospital-based paramedics who provide advanced life support;

Whereas the New Jersey system has provided universal access for all New Jersey residents to affordable emergency services, while simultaneously ensuring that those persons in need of the most advanced care receive such care from the proper authorities;

Whereas the New Jersey system currently has an estimated 20,000 emergency medical technicians providing ambulance transportation for basic life support and advanced life support emergencies, over 80 percent of which are handled by volunteers who are not reimbursed under the medicare program under title XVIII of the Social Security Act;

Whereas the hospital-based paramedics, also known as mobile intensive care units, are reimbursed under the medicare program when they respond to advanced life support emergencies;

Whereas the New Jersey system saves the lives of thousands of New Jersey residents each year, while saving the medicare program an estimated \$39,000,000 in reimbursement fees;

Whereas when Congress requested that the Health Care Financing Administration enact changes to the emergency medical services fee schedule as a result of the Balanced Budget Act of 1997, including a general overhaul of reimbursement rates and administrative costs, it was in the spirit of streamlining the agency, controlling skyrocketing healthcare costs, and lengthening the solvency of the medicare program;

Whereas the Health Care Financing Administration is considering implementing new emergency medical services reimbursement guidelines that would destabilize or eliminate the 2-tier system that has developed in the State of New Jersey: Now, therefore, be it

Resolved, That it is the sense of the Senate that the Health Care Financing Administration should—

(1) consider the unique nature of the emergency medical services delivery system in New Jersey when implementing new reimbursement guidelines for paramedics and hospitals under the medicare program under title XVIII of the Social Security Act; and

(2) promote innovative emergency medical service systems enacted by States that reduce reimbursement costs to the medicare program while ensuring that all residents receive quick and appropriate emergency care when needed.

Mr. TORRICELLI. Mr. President, I rise today to submit a resolution that would greatly improve the lives of thousands of New Jersey residents.

Healthcare in New Jersey has a long history of innovation and advancement. From the large number of pharmaceutical companies that create new medicines, to the hospitals and facilities where innovative therapies are developed, New Jersey remains one of the most progressive healthcare States in the country. This State was one of the first to introduce and pass a comprehensive patient's bill of rights, and one of the first to recognize the importance of expanding access to healthcare to children and low income families.

One of New Jersey's greatest innovations, and one which truly demonstrates the community based approach which has been so successful, is the development of our Emergency Medical Services (EMS) system. The current EMS system in New Jersey, which has been in place for roughly 25 years, was designed as a modern remedy to the age old problem of guaranteeing access to emergency transport, while at the same time preserving local involvement in the delivery of services and preventing skyrocketing costs.

The New Jersey EMS system accomplished all three goals by establishing a two-tiered approach to emergency transport. This two-tiered system includes volunteer and for-profit Emergency Medical Technicians (EMTs) who provide basic life support (BLS), and hospital-based paramedics, who provide advanced life support (ALS). Basic and advanced life support are differentiated by the status of the victim, with the most serious injuries, such as heart attacks, treated by ALS paramedics.

The two-tiered system has been an unqualified success in New Jersey, providing universal access for all residents to affordable emergency services, while simultaneously ensuring that those persons in need of the most advanced care receive it from the proper authorities. The system allows almost 500 local volunteer emergency medical technician (EMT) squads to blanket the entire State with quick and effective initial responses to emergencies. In the case of more serious emergencies, paramedics are strategically stationed at various hospitals throughout the State to provide secondary assistance. In either case, the EMTs will generally transport patients to the hospital with the paramedics, if necessary, along to provide care.

There are currently an estimated 20,000 EMTs providing ambulance transportation for virtually all BLS and ALS emergencies, close to 400,000 calls each year. It is estimated that over 80 percent of these calls are handled by volunteers who are not reimbursed by Medicare. In contrast, the hospital-based paramedics, also known as mobile intensive care units (MICUs), are reimbursed by Medicare when they respond to ALS emergencies, just as all other paramedics.

Unfortunately, the great success of this system would be jeopardized if the Health Care Financing Administration (HCFA) finalizes plans to implement new rules regarding the reimbursement of EMS services. The new HCFA EMS guidelines propose to only provide reimbursement to hospital-based paramedics. This would have the effect of requiring them to be the only responders to provide transport for all victims in order to be reimbursed by Medicare. This, in turn, would eliminate the two-tier structure by solely recognizing MICUs, and thus also eliminate the need for volunteer EMS units, which currently provide the bulk of the transport. Under the new rules, there would

be no incentive for EMS units to respond to calls if they know their mission has been given to MICUs.

While I applaud HCFAs intentions in releasing the new rules, which are designed to control costs by enforcing one, standardized, system throughout the country, I am dismayed by the impact this will have on New Jersey. Our system, when compared to the system HCFA is set to approve, would save an estimated \$39 million annually, due to the preponderance of BLS calls and the large number of EMS volunteers who respond to these calls. But beyond the cost savings, the elimination of EMS units would jeopardize the prompt service that New Jersey residents have come to rely on.

The resolution I am submitting today seeks to emphasize the benefits of two-tiered EMS in my State, and request that HCFA do its best to preserve this highly beneficial and cost effective system. HCFA has always been a strong supporter of measures that improve the delivery of healthcare services, while lowering the cost to taxpayers. I believe that once they have been made fully aware of the importance of this issue, the agency will act responsibly and include an exemption for New Jersey.

It is my hope that the Senate will see the importance of supporting my resolution, not just for the impact it will have on the residents of my State, but also for the statement it will make about the Health Care Financing Administration's mission.

AMENDMENTS SUBMITTED

EDUCATIONAL OPPORTUNITIES ACT

GORTON (AND OTHERS) AMENDMENT NO. 3110

Mr. GORTON (for himself, Mr. GREGG, Mr. LOTT, Mr. COVERDELL, Ms. COLLINS, and Mr. VOINOVICH) proposed an amendment to the bill (S. 2) to extend programs and activities under the Elementary and Secondary Education Act of 1965, as follows:

On page 630, strike lines 24 and 25.

On page 653, strike lines 12 through 22.

On page 654, between lines 16 and 17, insert the following:

“(12) ACHIEVEMENT GAP REDUCTIONS.—An assurance that the State will reduce by 10 percent over the 5-year term of the performance agreement, the difference between the highest and lowest performing groups of students described in section 6803(d)(5)(C) that meet the State's proficient and advanced level of performance.

“(13) SERVING DISADVANTAGED SCHOOLS AND SCHOOL DISTRICTS.—An assurance that the State will use funds made available under this part to serve disadvantaged schools and school districts.

On page 656, beginning with line 22, strike all through page 657, line 5, and insert the following:

“(9) Section 1502.

“(10) Any other provision of this Act that is not in effect on the date of enactment of