

law, the report of a rule relative to local exchange carriers, received on February 6, 1997; to the Committee on Commerce, Science, and Transportation.

EC-1041. A communication from the Managing Director of the Federal Communications Commission, transmitting, pursuant to law, the report of a rule relative to FM broadcast stations, received on February 7, 1997; to the Committee on Commerce, Science, and Transportation.

EC-1042. A communication from the Managing Director of the Federal Communications Commission, transmitting, pursuant to law, the report of a rule relative to maximum license terms, received on February 7, 1997; to the Committee on Commerce, Science, and Transportation.

EC-1043. A communication from the Managing Director of the Federal Communications Commission, transmitting, pursuant to law, the report of a rule relative to FM broadcast stations, received on February 7, 1997; to the Committee on Commerce, Science, and Transportation.

EC-1044. A communication from the Secretary of the Federal Trade Commission, transmitting, pursuant to law, the report of a rule relative to appliance labeling, received on February 6, 1997; to the Committee on Commerce, Science, and Transportation.

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 Mr. WELLSTONE:

S. 292. A bill to amend title XVIII of the Social Security Act to provide for coverage of certain ambulance services; to the Committee on Finance.

By Mr. HATCH (for himself and Mr. BAUCUS):

S. 293. A bill to amend the Internal Revenue Code of 1986 to make permanent the credit for clinical testing expenses for certain drugs for rare diseases or conditions; to the Committee on Finance.

By Mrs. HUTCHISON (for herself, Mr. LOTT, Mr. THURMOND, Mr. SESSIONS, Mr. HAGEL, Mr. SHELBY, Mr. GRAMM, and Mr. NICKLES):

S. 294. A bill to amend chapter 51 of title 18, United States Code, to establish Federal penalties for the killing or attempted killing of a law enforcement officer of the District of Columbia, and for other purposes; to the Committee on Governmental Affairs.

By Mr. JEFFORDS (for himself, Mr. COATS, Mr. GREGG, Mr. FRIST, Mr. DEWINE, Mr. ENZI, Mr. HUTCHINSON, Ms. COLLINS, Mr. WARNER, Mr. MCCONNELL, Mr. ASHCROFT, Mr. GORTON, Mr. GRASSLEY, Mr. NICKLES, Mr. MACK, and Mr. SHELBY):

S. 295. A bill to amend the National Labor Relations Act to allow labor management cooperative efforts that improve economic competitiveness in the United States to continue to thrive, and for other purposes; to the Committee on Labor and Human Resources.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. WELLSTONE:

S. 292. A bill to amend title XVIII of the Social Security Act to provide for coverage of certain ambulance services; to the Committee on Finance.

THE AMBULANCE SERVICES ACT OF 1997

● Mr. WELLSTONE. Mr. President, I am pleased to introduce the Ambulance

Services Act of 1997 today to ensure that Medicare beneficiaries are covered for necessary transport for emergency treatment.

I am deeply concerned that Medicare beneficiaries in rural areas have a difficult time gaining access to emergency care, and there are relatively few hospitals in these areas, and patients must often travel a great distance to reach them. The Medicare ambulance transport reimbursement regulations have not kept pace with changes in the health care system that have occurred as a result of efforts to improve care while decreasing the cost of care.

In many locales, clinics and ambulatory surgery centers staffed by physicians have developed the ability to provide routine emergency care. The local physicians are often available at the clinic, which has facilities and capability for emergency treatment. In fact, patients who are transported to the hospital emergency department during the day wait longer to see a physician than those at the clinic, as the physician must travel from the clinic to the hospital in order to see the patient.

It is often necessary for seniors who are experiencing a medical emergency to be transported via an ambulance. Under current regulation, seniors who require ambulance transport to an emergency care facility must be taken to a hospital. Therefore, the senior is left with a difficult choice: be transported to the hospital facility, which may take longer and is likely to involve a longer waiting time for emergency care, or be transported to a local facility that provides emergency care to other citizens, and pay for the ambulance transport out of pocket. Neither of these is an optimal choice.

As the reimbursement policy stands now, patients are required to use a more expensive facility when it may not be necessary. It would seem that allowing reimbursement for transport to nonhospital facilities that provide emergency care could result in fiscal savings in that the cost of ambulance transport combined with a clinic visit bill would be less than that of ambulance transport and a hospital emergency department bill. In addition, it would allow our senior citizens to have a health care benefit that is available to other members of the community.

Concerns that might arise about the medical necessity of transporting certain patients to a hospital emergency department can and should continue to be addressed by local and regional emergency medical service systems, based on levels of care that are available in the area. These systems set standards and protocols for emergency medical service providers and work with the health care community in developing protocols for transport and patient care.

Mr. President, I remain concerned about providing all of our citizens with an adequate level of health care. Our seniors need to be able to avail themselves of expeditious emergency care,

without having to worry about how transport for this care will be paid for. The Ambulance Services Act of 1997 will go a long way toward this goal.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 292

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 "Ambulance Services Act of 1997".

SEC. 2. MEDICARE COVERAGE OF CERTAIN AMBULANCE SERVICES.

(a) COVERAGE.—Section 1861(s)(7) of the Social Security Act (42 U.S.C. 1395x(s)(7)) is amended by striking "regulations;" and inserting "regulations, except that such regulations shall not fail to treat ambulance services as medical and other health services solely because, in the case of an emergency, the individual is transported to a clinic or to an ambulatory surgical center;"

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to items and services provided on or after the date of enactment of this Act. ●

By Mr. HATCH (for himself and Mr. BAUCUS):

S. 293. A bill to amend the Internal Revenue Code of 1986 to make permanent the credit for clinical testing expenses for certain drugs for rare diseases or conditions; to the Committee on Finance.

THE ORPHAN DRUG ACT OF 1997

Mr. HATCH. Mr. President, today I am introducing the Orphan Drug Act of 1997, legislation to extend permanently the orphan drug tax credit. I am pleased that my good friend and colleague from Montana, Senator BAUCUS, is joining me. Similar legislation was introduced in the House last year by Representatives NANCY JOHNSON and ROBERT MATSUI. I am confident that they will once again introduce legislation this year to make the credit permanent.

Mr. President, this credit encourages private firms to develop treatments for rare diseases. As many of my colleagues know, we extended this medical research tax credit last year, but, it will expire on May 31 of this year.

Since the 1983 enactment of the orphan drug tax credit we have seen very encouraging progress in developing new drugs to alleviate suffering from a number of so-called orphan diseases, those diseases that afflict a relatively small number of people. Because the process of research, development, and approval for new pharmaceuticals is so costly—running into hundreds of millions of dollars—the small market for a drug discourages drug companies from undertaking it.

Mr. President, the incentive provided by this credit gives hope to individuals who suffer from such rare but devastating conditions as Tourette's syndrome, Huntington's disease, and neurofibromatosis, to name a few. Many