hour program would allow an employee to bank—''to bank''—up to 50 hours over his or her regularly scheduled hours. The employee under this bill may use those banked hours at any future date to reduce the workday or a workweek.

Mr. President, when used, the flexible credit hours represent time off from work at the employee's regular rate of pay. An employee must be allowed to use accrued credit hours within a reasonable period of time following his or her request, so long as doing so will not unduly disrupt the workplace.

As is true with comptime and biweekly programs, an employer has the initial decision of whether to offer the flexible credit hour program at all. Then participation in a flexible credit hour program is, of course, voluntary on the employer's part and on the employee's part. An interested employee must elect to participate. If he or she does not, then the status quo under current law would be in effect.

Mr. President, union employees can do this in accordance with their collective bargaining agreements. Nonunion employees must submit a written or otherwise verifiable statement acknowledging his or her participation in the program. The anticoercion remedy sanctions provision which we talked about before are applicable to the comptime and biweekly schedules and are also applicable to this flexible credit program as well.

Mr. President, let me turn now to the fourth major provision of the bill clarifying Federal law.

I have talked about the three chief options provided by the bill.

Let me also point out in the interest of completeness that S. 4 also makes important clarifications in the regulations delineating the salary basis test. The bill makes it clear that the fact that a particular employee is subject to a deduction in pay for absence of less than a full workday or less than a full workweek may not be considered in determining whether that employee enjoys exempt status. Only actual reductions in pay may be considered.

Mr. President, for more than five decades the ''subject to'' language generated little or no controversy. However, in recent years courts have begun to reinterpret the salary basis test. Seizing on the phrase ''subject to'' in the regulations, large groups of employees have won multimillion-dollar judgments. These awards have been given in spite of the fact that many of the plaintiff employees have never actually experienced a pay reduction of any kind and have never expected to receive overtime pay in addition to their executive, administrative, or professional salaries.

Mr. President, included in this bill—in part to stop the large number of cases that are being brought against State and local governments—it is true that the Department of Labor attempted to solve this problem through regulations as they applied to State and local employees in 1992. This legislation in no way preempts those regulations.

The legislation also clarifies that employers may give bonuses and may give overtime payments to salaried employees without destroying their exemption from FLSA.

In summary, Mr. President, let me talk again briefly about the four provisions.

Comptime, first of all, allows workers to voluntarily choose to take their overtime pay as time off instead of as overtime pay.

Biweekly schedules, the second provision, allows workers to choose to work their 80 hours for 2 weeks in any combination that they so elect and if they agree with their employer.

Flexible credit hours, the third provision, allows workers to choose to work additional hours and to bank these hours for use as time off at some point in the future.

All of these flexible workplace options are designed to expand the choices available to working families. They are, Mr. President, completely voluntary. No employee can be forced to participate in a flexible workplace option. No employer can be forced to offer one. If any employer directly or indirectly coerces employees to participate in a particular option, the employer can be punished under the Fair Labor Standards Act, be forced to pay back wages, and maybe even face imprisonment.

Mr. President, that is what the bill would accomplish.

This bill would accomplish a real change for the betterment of the lives of working families, and the American people absolutely agree with this. A national poll conducted in September 1995 shows that the American work force endorses flexible work options. When asked, Mr. President, about a proposal to allow hourly employees the choice of time and a half in wages or time off with pay, 75 percent of the workers agree with that proposal; 65 percent said they favored more flexible work schedules.

Mr. President, according to a poll recently taken, 88 percent of all workers want more flexibility, either through scheduling flexibility or choice of compensatory time in lieu of traditional overtime pay. In that same poll, 75 percent of the workers favored changes in the law that would permit hourly workers such a choice. The evidence is overwhelming about what the American workers want.

I think these poll results square with what most of us know, frankly, intuitively. As both the economy and the American family and life grow more and more complex, the men and women in America's work force want greater flexibility to be able to cope with all of the changes that we have in life today. I think that this consensus presents us, this Senate, with a remarkable opportunity.

I look forward to working with my colleagues as we work on what should be a bipartisan approach to this bill.

Mr. President, this bill is about equity. It is about equality. It is about families such as this that are pictured behind us. Families want options. They want flexibility. This is what this bill gives them.

EXTENSION OF MORNING BUSINESS

The PRESIDING OFFICER. Time for morning business has expired.

Mr. DEWINE. Mr. President, I ask unanimous consent for 10 additional minutes. I advise my colleagues, I do not believe I will use 10 minutes, but I ask for that in a unanimous consent at this time.

The PRESIDING OFFICER. Is there objection?

Mr. DODD. Reserving the right to object, I say to my friend from Ohio, I am in a bit of a time crunch. I need 5 minutes. I do not know what your schedule is like.

Mr. DEWINE. My colleague can proceed and I will come back at an appropriate time to finish my remarks.

Mr. DODD. I thank the Senator.

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

The Senator from Connecticut is recognized.

Mr. DODD. Thank you, Mr. President.

Mr. President, I would urge my colleague not to travel too far. I was about to talk about a bill we are working on together.

Let me begin by thanking my colleague from Ohio. I will be only a few minutes here. I will try to be brief.

COMMENDING SENATOR BYRD

Mr. DODD. Mr. President, I join my colleague in commending our colleague from West Virginia. For those of us who were here on the floor of the Senate, we had the privilege once again to listen to our distinguished colleague, the senior Senator from West Virginia, eloquently describe the great institution of motherhood and its great contribution made to this great Nation.

I recommend everyone in this country, if they did not hear the Senator from West Virginia, that they might read the CONGRESSIONAL RECORD and enjoy the benefit of his remarks.

BETTER PHARMACEUTICALS FOR CHILDREN ACT

Mr. DODD. Mr. President, I rise here this morning to comment on a piece of legislation that my colleague from Ohio, Senator DEWINE, and I introduced actually a few days ago, but because of the pressing nature of the business on the floor of the Senate, did not get a chance to actually discuss it here.

I would like to describe what we have introduced and urge our colleagues to

join us in this effort and urge the administration to join us as well.

The legislation we introduced is called the Better Pharmaceuticals for Children Act. It is a piece of legislation that we think has great value.

According to the American Academy of Pediatrics, only one-fifth, or 20 percent, of all drugs on the market in the United States have been tested for their safety and effectiveness in children. Children are not simply smaller versions of adults. Their bodies actually metabolize drugs quite differently as they grow older.

The lack of information about how drugs work in children can place pediatricians in an untenable position. They can either prescribe powerful drugs for their young patients that have only been tested in adults or they can deny them access to life-saving therapies.

This dilemma is dramatically illustrated in the case of children with AIDS. The hopes of tens of thousands of adult AIDS patients were raised last year by the promising benefits of protease inhibiters. However, the families of very young children have much less to be hopeful about.

None of these drugs is yet approved for newborns and infants. This is despite the fact that the earliest days of a child's life may be the most promising time to reverse the effects of HIV. As unbelievable as it may seem, physicians are forced to treat these children without the benefit and guidance of research.

Even in adults, getting the proper dosage of these powerful drugs is tricky indeed. Too large a dose can cause severe side effects; too small a dose can make the HIV virus mutate into a far more dangerous, drug-resistant strain. In children, the effects are compounded. A full-strength dose can kill a toddler.

Other examples of this problem, Mr. President, are also quite disturbing. Despite the fact that asthma is one of the most common chronic illnesses in children, and the most common cause of children's admissions to hospitals all across this country, there is only one asthma drug that has been tested for children under 5 years of age.

In fact, my colleague from Ohio personally and eloquently related a situation with one of his own children who has asthma that I am sure he will comment on at some appropriate time. It is alarming that with asthma we have the single most common reason for admission to the hospital for children and yet we have no drugs tested to treat children under the age of 5.

As other examples, despite the fact that sedatives are used to help treat sick and injured children, not a single sedative has been specifically tested for safety and efficacy in children under the age of 2. In addition, virtually every medication currently used to treat stomach and intestinal diseases in children has only been tested in adults.

While this so-called off label prescribing is neither illegal or improper, it forces doctors to practice hand-me-down medicine for pediatric cases, which is unacceptable, to put it mildly.

I think it is about time, Mr. President, we took the guesswork out of children's medicine. The Better Pharmaceuticals for Children's Act is a simple solution to this problem. It provides a fair and reasonable market incentive for drug companies to make the extra effort needed to test their products for use by children. It grants an additional 6 months of market exclusivity for drugs which have undergone pediatric studies at the request of the Secretary of Health and Human Services.

I want to briefly point to something most parents are all too familiar with—the disclaimers that appear on the labels of so many of the pharmaceutical products that are needed and used by children: ''Not recommended for use in children, as no clinical studies have been performed to determine risks, benefits, and dosages.'' Another says, ''Safety and effectiveness in children younger than the age of 2 has not been established.'' Or, ''Safety and effectiveness in children younger than age 12 have not been established.'' And, ''Safety and efficacy in children younger than age 18 have not been established.''

We have labels on the food that children eat; we have labels now for the programs that children watch on television. I think we would all agree that it is about time we have labels that parents and physicians can rely on when they give children medicine.

The bill that Senator DEWINE and I have introduced is a sensible way to keep our children healthier. That is why it has enjoyed broad bipartisan support both in and outside of the Congress.

In fact, the bill is endorsed by the American Academy of Pediatrics, the Pediatric AIDS Foundation, the National Association of Children's Hospitals, and PHRMA, the trade association of the pharmaceutical industry. Senators MIKULSKI and KENNEDY have signed on as cosponsors, and I know that Representative GREENWOOD will soon be introducing this bill in the other body.

Mr. President, this is commonsense legislation. I call on our colleagues to join Senator DEWINE and myself in this effort. We hope we can get passage quickly. I urge my colleagues to support this bill.

HAPPY BIRTHDAY, KATHARINE HEPBURN

Mr. DODD. I join together with my colleague from Connecticut, Senator LIEBERMAN, in recognizing the birthday of an individual with whom we are all familiar. Our constituent in Connecticut, Katharine Hepburn, will turn 90 on Monday. She probably will not be happy to have her Senator reveal her age on television.

Katharine Hepburn is a national treasure. We take pride in the fact that she is a native of Connecticut, of Hartford, and today lives in Old Saybrook. She is world renown and has made a great contribution to the arts. At the Bushnell Memorial in Hartford, where there is a ''wall of fame,'' she scribbled next to her name, ''Local girl.'' We cannot say that about everyone on that wall. She has a career spanning seven decades and is the only person in the history of film in this country who has received 12 Academy Award nominations. She won four awards, for ''Morning Glory'' in 1933, ''Guess Who's Coming to Dinner,'' ''Lion in Winter,'' and ''On Golden Pond.''

She won three Oscars after she turned age 60. For people in this country who wonder whether you can have a productive life after the age of 60, certainly Katharine Hepburn offers vivid proof that productive years lie ahead.

On behalf of all of us in Connecticut, Mr. President, and my colleagues here, we wish Miss Hepburn a very, very happy birthday.

IN MEMORY OF ANN PETRY

Mr. DODD. Ironically, in the same town of Old Saybrook, CT, we have a sadder piece of news about a wonderful constituent of my State. Ann Petry, an African-American writer whose life is described in an article by David Streitfeld last Saturday in the Washington Post, has died. She was well into her nineties at the time of her death and was truly a remarkable person.

Mr. President, I ask unanimous consent to have that article printed in the RECORD.

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

[From the Washington Post, May 3, 1997]

ANN PETRY'S STORIED LIFE—AUTHOR LEFT INDELIBLE MARK

(By David Streitfeld)

Ann Petry lived in Connecticut in a 200-year-old sea captain's house that smelled of old wood and homemade bread. Her husband, the taciturn but adoring George, was her constant companion; their one child, Liz, had ended a promising law career because she wanted to live near her parents, because she liked them.

It seemed a pretty idyllic way to finish a life. Petry, who died Monday in a convalescent home at the age of 88, was well known enough to need an unlisted phone number but not so famous that people were constantly on her doorstep. She knew her books would be remembered, and that—along with her family and friends and the warm spring mornings out in her garden—provided pleasure. I think she died without regrets, which has to be unusual.

Petry's family was firmly rooted in Old Saybrook; her father had opened a pharmacy there in 1902, and Ann was trained to follow him. As much as possible for a black woman in the first half of this century, she escaped the effects of racism.

It was a life in sharp contrast to that of her most famous heroine, Lutie Johnson in ''The Street.'' Lutie is a single mother in Harlem in the 1940s who has the misfortune to be good-looking. White or black, the men