to Congress required by section 7A(j) of the Clayton Act (15 U.S.C. 18a(j))—

(1) the number of notifications filed under this section 7A of the Clayton Act (15 U.S.C. 18a);

(2) the number of notifications filed in which the Assistant Attorney General or Federal Trade Commission requested the submission of additional information or documentary material relevant to the proposed acquisition;

(3) data relating to the length of time for parties to comply with requests for the submission of additional information or documentary material relevant to the proposed acquisition;

(4) the number of petitions filed pursuant to section 3(a) of this Act regarding a request for the submission of additional information or documentary material relevant to the proposed acquisition and the manner in which such petitions were resolved;

(5) data relating to the volume (in number of boxes or pages) of materials submitted pursuant to requests for additional information or documentary material; and

(6) the number of notifications filed in which a request for additional information or documentary materials was made but never complied with prior to resolution of the case.

RURAL ACCESS TO EMERGENCY DEVICES ACT

Mr. BROWNBACK. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. 2528, and the Senate then proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2528) to provide funds for the purchase of automatic external defibrillators and the training of individuals in advanced cardiac life support.

There being no objection, the Senate proceeded to consider the bill.

Ms. COLLINS. Mr. President, I am pleased that the Senate is considering S. 2528, the Rural Access to Emergency Devices Act of 2000, which I introduced with my friend from Wisconsin, Senator Russ FEINGOLD. Our bill is intended to improve access to automated external defibrillators in small communities and rural areas to boost the survival rates of individuals in those communities who suffer cardiac arrest. Joining us as cosponsors of the bill are Senators JEFFORDS, MURRAY, ABRAHAM, WELLSTONE, HUTCHINSON, DORGAN, GRAMS, BINGAMAN, CHAFEE, ENZI, SNOWE, GRASSLEY, BIDEN, LEAHY, ROBB, KERRY,and DURBIN. I particularly want to thank the distinguished Chairman of the Senate Health, Education, Labor and Pensions Committee, Senator JEFFORDS, for all of his assistance in helping us to expedite action on this important measure.

Heart disease is the leading cause of death both in the state of Maine and in the United States. According to the American Heart Association, an estimated 250,000 Americans die each year from cardiac arrest. Many of these deaths could be prevented if automated external defibrillators—or AEDs—were more accessible. AEDs are computerized devices that can shock a heart back into normal rhythm and restore life to a cardiac arrest victim. They must, however, be used promptly. For every minute that passes before a victim's normal heart rhythm is restored, his or her chance of survival falls by as much as 10 percent.

We have a number of new and improved technologies in our arsenal of weapons to fight heart disease, including a new generation of small, easy-to-use AEDs that can strengthen the chain of survival for cardiac arrest victims. These new devices make it possible for not only emergency medical personnel, but also trained lay rescuers, to deliver defibrillation safely and effectively. The new AEDs are safe, effective, lightweight, low maintenance, and relatively inexpensive. Moreover, they are specifically designed so that they can be used by non-medical personnel such as police, fire fighters, security guards and other lay rescuers, providing they have been properly trained. According to the American Heart Association, making AEDs standard equipment in police cars, fire trucks, ambulances and other emergency vehicles and getting these devices into more public places could save more than 50,000 lives a year.

Last December, the Bangor Mall installed an AED that is one of the first of these devices in Maine to be placed in a public setting outside the direct control of emergency medical personnel and hospital staff. Both the AED and an oxygen tank are kept inside a customer service booth, which is in an area of the mall where there is a high concentration of traffic and where heart emergencies might occur. Mall personnel have also received special training and, during mall hours, there is always at least one person who has been certified in both CPR and defibrillator use.

For at least one Bangor woman, this has been a lifesaver. On January 12th, just weeks after the AED was installed, two shoppers at the Mall collapsed in a single day. One was given oxygen and quickly revived. But the other shopper was unconscious and had stopped breathing. The trained mall staff—Maintenance Supervisor Larry Lee, Security Chief Dusty Rhodes, and General Manager Roy Daigle— were only able to detect a faint pulse. They quickly commenced CPR and attached the AED.

It is important to note that defibrillation is intended to supplement, not replace standard CPR. These devices, which are almost completely automated, run frequent self-diagnostics and will not allow the administration of shock unless the victim's recorded heart pattern requires it. When the AED is attached, it automatically analyzes the victim's vital signs. One of two commands will then be voiced and displayed by the unit: ''Shock advised—charging''; or ''Shock not advised—continue CPR.''

In the Bangor Mall case, the shock was not advised, so CPR was continued until the emergency medical personnel arrived. The EMT's told Mr. Daigle, the General Manager of the mall, that the woman—who had had a heart attack and subsequently required triple bypass surgery—simply would not have survived if they had not been so prepared. As Mr. Daigle observed, ''Twelve to fifteen minutes is just too long to wait for the emergency services to arrive.''

Cities across America have begun to recognize the value of fast access to AEDs and are making them available to emergency responders. In many small and rural communities, however, limited budgets and the fact that so many rely on volunteer organizations for emergency services can make acquisition and appropriate training in the use of these life-saving devices problematic.

The legislation we are considering today is intended to increase access to AEDs and trained local responders for smaller towns and rural areas in Maine and elsewhere where those first on the scene may not be paramedics or others who would normally have AEDs. Our bill provides $25 million over three years to be given as grants to community partnerships consisting of local emergency responders, police and fire departments, hospitals, and other community organizations. This money could then be used to help purchase AEDs and train potential responders in their use, as well as in basic CPR and first aid.

The Rural Access to Emergency Devices Act has been endorsed by both the American Heart Association and the American Red Cross as a means of expanding access to these lifesaving devices across rural America, and I urge all of our colleagues to join us in supporting this important measure.

Mr. BROWNBACK. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

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

The bill (S. 2528) was read the third time and passed, as follows:

S. 2528

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 ''Rural Access to Emergency Devices Act'' or the ''Rural AED Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Heart disease is the leading cause of death in the United States.

(2) The American Heart Association estimates that 250,000 Americans die from sudden cardiac arrest each year.

(3) A cardiac arrest victim's chance of survival drops 10 percent for every minute that passes before his or her heart is returned to normal rhythm.

(4) Because most cardiac arrest victims are initially in ventricular fibrillation, and the

only treatment for ventricular fibrillation is defibrillation, prompt access to defibrillation to return the heart to normal rhythm is essential.

(5) Lifesaving technology, the automated external defibrillator, has been developed to allow trained lay rescuers to respond to cardiac arrest by using this simple device to shock the heart into normal rhythm.

(6) Those people who are likely to be first on the scene of a cardiac arrest situation in many communities, particularly smaller and rural communities, lack sufficient numbers of automated external defibrillators to respond to cardiac arrest in a timely manner.

(7) The American Heart Association estimates that more than 50,000 deaths could be prevented each year if defibrillators were more widely available to designated responders.

(8) Legislation should be enacted to encourage greater public access to automated external defibrillators in communities across the United States.

SEC. 3. GRANTS.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Rural Health Outreach Office of the Health Resources and Services Administration, shall award grants to community partnerships that meet the requirements of subsection (b) to enable such partnerships to purchase equipment and provide training as provided for in subsection (c).

(b) COMMUNITY PARTNERSHIPS.—A community partnership meets the requirements of this subsection if such partnership—

(1) is composed of local emergency response entities such as community training facilities, local emergency responders, fire and rescue departments, police, community hospitals, and local non-profit entities and for-profit entities concerned about cardiac arrest survival rates;

(2) evaluates the local community emergency response times to assess whether they meet the standards established by national public health organizations such as the American Heart Association and the American Red Cross; and

(3) submits to the Secretary of Health and Human Services an application at such time, in such manner, and containing such information as the Secretary may require.

(c) USE OF FUNDS.—Amounts provided under a grant under this section shall be used—

(1) to purchase automatic external defibrillators that have been approved, or cleared for marketing, by the Food and Drug Administration; and

(2) to provide defibrillator and basic life support training in automated external defibrillator usage through the American Heart Association, the American Red Cross, or other nationally recognized training courses.

(d) REPORT.—Not later than 4 years after the date of enactment of this Act, the Secretary of Health and Human Services shall prepare and submit to the appropriate committees of Congress a report containing data relating to whether the increased availability of defibrillators has affected survival rates in the communities in which grantees under this section operated. The procedures under which the Secretary obtains data and prepares the report under this subsection shall not impose an undue burden on program participants under this section.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $25,000,000 for fiscal years 2001 through 2003 to carry out this section.

ORDERS FOR WEDNESDAY, OCTOBER 11, 2000

Mr. BROWNBACK. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in recess until 9:30 a.m. on Wednesday, October 11. I further ask consent that on Wednesday, immediately following the prayer, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and the Senate then begin consideration of the conference report to accompany H.R. 3244, the Sexual Trafficking Victims Protection Act, as under the order.

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

Mr. BROWNBACK. Mr. President, I note for Senators, this bill, the Sexual Trafficking Victims Protection Act, is an amalgam of several pieces of legislation. It is the sex trafficking bill that we have held several hearings on that passed this body previously, and that passed through the House. I believe in the House the vote was 371–1. It also has in it the Violence Against Women Act, VAWA, and several other pieces of important legislation. We will be on this most of the day tomorrow.

Mr. President, I further ask unanimous consent that at the hour of 12:30 p.m. the Senate stand in recess until the hour of 2:15 p.m. in order for the weekly party caucuses to meet.

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

PROGRAM

Mr. BROWNBACK. For the information of all Senators, the Senate will begin consideration of the sex trafficking conference report tomorrow morning. Under the order, there will be up to 7 hours of debate, with Senator THOMPSON raising a point of order against the report in regard to Aimee's law. A vote in relation to the point of order is expected during tomorrow's session, as well as a vote on adoption of the conference report itself.

Senators should also be prepared to vote on the VA–HUD appropriations bill and the conference report to accompany the Agriculture appropriations bill. Senators will be notified as votes are scheduled.

RECESS UNTIL 9:30 A.M. TOMORROW

Mr. BROWNBACK. If there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in recess under the provisions of S. Res. 369.

There being no objection, the Senate, at 5:58 p.m., recessed until Wednesday, October 11, 2000, at 9:30 a.m.