''(E) Ethical and regulatory issues.

''(F) Biomedical writing.

''(5) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

''(d) CLINICAL RESEARCH CURRICULUM AWARDS.—

''(1) IN GENERAL.—The Director of the National Institutes of Health shall make grants (to be referred to as 'Clinical Research Curriculum Awards') to institutions for the development and support of programs of core curricula for training clinical investigators, including medical students. Such core curricula may include training in areas such as the following:

''(A) Analytical methods, biostatistics, and study design.

''(B) Principles of clinical pharmacology and pharmacokinetics.

''(C) Clinical epidemiology.

''(D) Computer data management and medical informatics.

''(E) Ethical and regulatory issues.

''(F) Biomedical writing.

''(2) APPLICATIONS.—An application for a grant under this subsection shall be submitted by an individual institution or a consortium of institutions at such time as the Director may require. An institution may submit only 1 such application.

''(3) LIMITATIONS.—Grants under this subsection shall be for terms of up to 5 years and may be renewable.

''(4) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.''.

SEC. 5. LOAN REPAYMENT PROGRAM REGARDING CLINICAL RESEARCHERS.

Part G of title IV of the Public Health Service Act is amended by inserting after section 487E (42 U.S.C. 288–5) the following:

''SEC. 487F. LOAN REPAYMENT PROGRAM REGARDING CLINICAL RESEARCHERS.

''(a) IN GENERAL.—The Secretary, acting through the Director of the National Institutes of Health, shall establish a program to enter into contracts with qualified health professionals under which such health professionals agree to conduct clinical research, in consideration of the Federal Government agreeing to repay, for each year of service conducting such research, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

''(b) APPLICATION OF PROVISIONS.—The provisions of sections 338B, 338C, and 338E shall, except as inconsistent with subsection (a) of this section, apply to the program established under subsection (a) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III.

''(c) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

''(2) AVAILABILITY.—Amounts appropriated for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were made available.''.

SEC. 6. DEFINITION.

Section 409 of the Public Health Service Act (42 U.S.C. 284d) is amended—

(1) by striking ''For purposes'' and inserting ''(a) HEALTH SERVICE RESEARCH.—For purposes''; and

(2) by adding at the end the following:

''(b) CLINICAL RESEARCH.—As used in this title, the term 'clinical research' means patient oriented clinical research conducted with human subjects, or research on the causes and consequences of disease in human populations involving material of human origin (such as tissue specimens and cognitive phenomena) for which an investigator or colleague directly interacts with human subjects in an outpatient or inpatient setting to clarify a problem in human physiology, pathophysiology or disease, or epidemiologic or behavioral studies, outcomes research or health services research, or developing new technologies, therapeutic interventions, or clinical trials.''.

SEC. 7. OVERSIGHT BY GENERAL ACCOUNTING OFFICE.

Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Congress a reporting describing the extent to which the National Institutes of Health has complied with the amendments made by this Act.

AMENDING FAIR LABOR STANDARDS ACT OF 1938

Ms. COLLINS. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of H.R. 1693, which is at the desk.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 1693) to amend the Fair Labor Standards Act of 1938 to clarify the overtime exemption for employees engaged in fire protection activities.

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

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

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

The bill (H.R. 1696) was read the third time and passed.

AMENDING THE PUBLIC HEALTH SERVICE ACT

Ms. COLLINS. MR. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. 1488, and that the Senate 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. 1488) to amend the Public Health Service Act to provide for recommendations of the Secretary of Health and Human Services regarding the placement of automatic external defibrillators in Federal Buildings in order to improve survival rates of individuals who experience cardiac arrest in such Buildings, and to establish protections from civil liability arising from the emergency use of the devices.

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

AMENDMENT NO. 2798

Ms. COLLINS. Mr. President, Senator GORTON has a substitute amendment at the best, and I ask for its consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Maine [Ms. COLLINS] for Mr. Gorton, proposes an amendment numbered 2798.

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. GORTON. I am pleased that the Senate will pass the Cardiac Arrest Survival Act before the end of this session. Each year 250,000 Americans suffer from sudden cardiac arrest. It can claim the life of a promising young athlete, a friend of family member regardless of age or health. Sudden Cardiac Arrest occurs when the heart's electrical impulses become chaotic causing the heart to stop pumping blood. Tragically, 95% of Americans who suffer from sudden cardiac arrest will die.

This bill helps to fight this killer by asking the Secretary of Health and Human Services to develop public access to defibrillation programs for federal buildings. Public access to defibrillation programs include improving access to automated external defibrillators (AEDs), training those likely to use the devices, ensuring proper medical oversight of the program and maintaining the devices according to manufacturer's guidelines. An AED is a small, laptop-sized device that is easy to use and can alalyze the heart rhythms of cardiac arrest victims to determine if a shock is warranted and, if necessary, deliver a lifesaving shock to the heart. The devices are so important because for every minute that passes before a cardiac arrest victim's heart is returned to normal rhythm, his or her chance of survival falls by as much as 10 percent.

This bill also provides important gapfilling Good Samaritan immunity for the few states that have yet to pass AED access laws. It will help ensure that people who respond to an emergency and use an AED to help cardiac arrest victims needn't fear frivolous lawsuits. It also provides reassurance to nonmedical facilities such as adult day care centers, the first aid station in a shopping mall, casinos, fitness clubs, sports stadiums, a health clinic in a business, an airport, ambulance, firetruck or other locations where AEDs may be beneficial that they can make these lifesaving devices available.

I want to thank Senators JEFFORDS and FRIST for their help in moving this bill forward. I am also grateful to the American Heart Association, the American Red Cross and the thirty-three other health organizations that have worked so hard to ensure passage of this bill. This is a good bill, it will help save lives and I look forward to working with my colleagues in the House to ensure that it is signed into law.

Mr. KENNEDY. Mr. President, Senator GORTON and I have worked closely

with Chairman JEFFORDS and Chairman FRIST to prepare this substitute amendment to S. 1488, the Cardiac Arrest Survival Act. I particularly commend my colleague from Washington, Senator GORTON, for his leadership on this issue. Promoting the use of defibrillators is good public policy. The substitute amendment is supported by the American Heart Association, the American Red Cross and the American Red Cross. I am hopeful that the recommendations to be developed by the Secretary of Health and Human Services will encourage decision makers at the federal, state and local levels to make the most effective use of automated external defibrillators. I believe that this legislation will save lives. The ''Good Samaritan'' provisions contained in the legislation are targeted, and there is no need for additional categories. I urge the Senate to approve it now, and the House to pass it in the next session. It is a solid proposal, and it deserves prompt enactment.

Mr. GORDON. I couldn't agree more with my colleague from Massachusetts. We have worked together to find common ground on an issue that we all believe is important. The product of these discussions is a bill that I would like to see enacted into law as soon as possible. I hope we can work together with our colleagues in the House to pass this measure and send it to the President next year.

Mr. JEFFORDS. Mr. President, exactly one year ago today, Mike Tighe of Barnard, Vermont boarded a commercial aircraft for a flight to Los Angeles, California. As the plane cruised at about 35,000 feet, Mr. Tighe suffered a deadly heart attack. To make a long story short, Mike is alive and well today, because the aircraft in which he was a passenger had, only two days before that fateful flight, installed an Automated External Defibrillator for use in such an emergency. Today, Mr. President, I am proud to say that the Senate has passed a bill, the Cardiac Arrest Survival Act of 1999, that will make it much easier for federal, state and local government to place these lifesaving devices in public buildings and emergency response units.

Automated External Defibrillators, known as AEDs, are small, easy-to-use, laptop size devices that can analyze heart rhythms to determine if a shock is necessary and, if warranted, prompt the user to deliver a life-saving shock to the heart. Research shows us that for every minute that passes before a cardiac arrest victim is defibrillated, the chance of survival falls by as much as ten percent. Research also shows that 250 lives can be saved each day from cardiac arrests by using the AED. This legislation will help reduce unnecessary and life-threatening minutes of delay, ensuring that public access to defibrillation programs are implemented in the hundreds of thousands of federal buildings.

The Cardiac Arrest Survival Act of 1999, which was introduced by Senator GORTON and referred to the committee that I chair, the Committee on Health Education, Labor and Pensions, has broad bipartisan support, as well as the strong support of the American Heart Association, American Red Cross, and representatives of thousands of first response units across America. I would like to congratulate and thank all my colleagues for passing this legislation today, and especially Senator GORTON, who introduced this bill in August, and has worked tirelessly to get it completed before adjournment.

But most of all, Mr. President, I would like to congratulate Mike Tighe as he celebrates the one year anniversary of the deadly heart attack that he survived because the airplane that he was traveling in was equipped with an Automated External Defibrillator. I hope the bill we passed today moves through the legislative process and is signed into law just as soon as possible next year, so that the estimated 1000 Americans who suffer from sudden cardiac arrests each day will have the same chance that Mr. Tighe did.

Mr. FRIST. Mr. President, I applaud the Senate passage of S. 1488, the Cardiac Arrest Survival Act, a bill which I believe will save lives by examining the appropriate placement of automated external defibrillators (AEDs) in federal buildings and extending protection for those who supply and administer these life saving devices.

Each year, over 250,000 Americans suffer sudden cardiac arrest with only 5% surviving. Sudden cardiac arrest is a common cause of death in which the heart suddenly lapses into a chaotic rhythm known as ventricular fibrillation and stops pumping blood. As a result, the individual collapses, stops breathing and has no pulse. Often the heart can be shocked back into a normal rhythm with the aid of a defibrillator. This is exactly what happened when I resuscitated a patient with cardioplumonary resuscitation (CPR) and electrical cardioversion in the Dirksen Senate Office Building in 1995. I am pleased to report that he is doing well now four years later.

When a person goes into cardiac arrest time is of the essence and every second counts. For every minute that passes without defibrillation, a person's chance of survival decreases by about 10 percent. Thus, having an automated external defibrillator (AED) in an accessible place is important. AEDs are portable, lightweight, easy to use and are becoming an essential part of administering first aid to a victim of sudden cardiac arrest.

We have seen that in places where AEDs are readily available, survival rates in some areas increase to as much as 20–30% and in some settings they have even reached 70%. During the 105th Congress, I authored the ''Aviation Medical Assistance Act,'' which was ultimately signed into law. This bill directed the Federal Aviation Administration to decide whether to require AEDs on aircraft and in airports. As a result of this new law, many airplanes now carry AEDs on board, and some airports have placed AEDs in their terminals. At Chicago O'Hare, just 4 months after AEDs were placed in that airport, 4 victims were resuscitated using the publicly available AEDs.

Currently, there is a movement in the States to expand the availability of AEDs by expressly extending Good Samaritan liability protection to users and providers of the devices. However, in federal jurisdictions such as court houses, federal agencies, and parks, there has been no coordinated effort to determine where AEDs ought to be placed and how an effective training program should occur. In addition, agencies that seek to obtain AEDs for high-risk populations report deferring purchases due to concerns about litigation and liability.

To help address this problem, the Cardiac Arrest Survival Act requests that the Secretary of the Department of Health and Human Services make recommendations for public access to defibrillation programs in federal buildings and extends Good Samaritan protection for automated external defibrillator users and providers in States that have not yet passed state legislation on this issue.

The bill does not require purchase of the devices, it simply asks for the Secretary of Health and Human Services to develop recommendations as to how best to develop these programs. The Good Samaritan portion of the bill is crafted so as not to pre-empt existing State laws, as well as to encourage States to continue to act on this issue in the future. In a matter of two or three years, 43 states have passed some form of AED Good Samaritan protection, which this bill will not pre-empt.

Mr. President, I am pleased that the Senate has taken action on this important piece of legislation and I look forward to its ultimate enactment into law. I want to thank my colleague, Senator GORTON, for taking the lead on this life saving proposal. I also would like to thank the American Heart Association and the American Red Cross for their help in drafting this legislation.

Ms. COLLINS. Mr. President, I ask unanimous consent that the substitute amendment be agreed to.

The amendment (No. 2798) was agreed to.

Ms. COLLINS. 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 related to the bill be printed in the RECORD.

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

The bill (S. 1488), as amended, was read the third time and passed.

Ms. COLLINS. Mr. President, I note I am very pleased to be a cosponsor of the legislation that was just passed by the Senate.

AMENDING THE PUBLIC HEALTH SERVICE ACT

Ms. COLLINS. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. 1268, and that the Senate 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. 1268) to amend the Public Health Service Act to provide support for the modernization and construction of biomedical and behavioral research facilities and laboratory instrumentation.

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

AMENDMENT NO. 2799

(Purpose: To modify the authorization of appropriations)

Ms. COLLINS. Mr. President, Senator HARKIN has an amendment at the desk, and I ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Maine [Ms. COLLINS] for Mr. HARKIN, proposes an amendment numbered 2799.

The amendment is as follows:

On page 16, lines 14 and 15, strike ''$250,000,000 for fiscal year 2000, $500,000,000'' and insert ''$250,000,000''.

Ms. COLLINS. Mr. President, I ask unanimous consent that the amendment be agreed to.

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

The amendment (No. 2799) was agreed to.

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

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

The bill (S. 1268), as amended, was read the third time and passed, as follows:

S. 1268

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 ''Twenty-First Century Research Laboratories Act''.

SEC. 2. FINDINGS.

Congress finds that—

(1) the National Institutes of Health is the principal source of Federal funding for medical research at universities and other research institutions in the United States;

(2) the National Institutes of Health has received a substantial increase in research funding from Congress for the purpose of expanding the national investment of the United States in behavioral and biomedical research;

(3) the infrastructure of our research institutions is central to the continued leadership of the United States in medical research;

(4) as Congress increases the investment in cutting-edge basic and clinical research, it is critical that Congress also examine the current quality of the laboratories and buildings where research is being conducted, as well as the quality of laboratory equipment used in research;

(5) many of the research facilities and laboratories in the United States are outdated and inadequate;

(6) the National Science Foundation found, in a 1998 report on the status of biomedical research facilities, that over 60 percent of research-performing institutions indicated that they had an inadequate amount of medical research space;

(7) the National Science Foundation reports that academic institutions have deferred nearly $11,000,000,000 in renovation and construction projects because of a lack of funds; and

(8) future increases in Federal funding for the National Institutes of Health must include increased support for the renovation and construction of extramural research facilities in the United States and the purchase of state-of-the-art laboratory instrumentation.

SEC. 3. BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES.

Section 481A of the Public Health Service Act (42 U.S.C. 287a–2 et seq.) is amended to read as follows:

''SEC. 481A. BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES.

''(a) MODERNIZATION AND CONSTRUCTION OF FACILITIES.—

''(1) IN GENERAL.—The Director of NIH, acting through the Director of the Center, may make grants or contracts to public and nonprofit private entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities, subject to the provisions of this section.

''(2) CONSTRUCTION AND COST OF CONSTRUCTION.—For purposes of this section, the terms 'construction' and 'cost of construction' include the construction of new buildings and the expansion, renovation, remodeling, and alteration of existing buildings, including architects' fees, but do not include the cost of acquisition of land or off-site improvements.

''(b) SCIENTIFIC AND TECHNICAL REVIEW BOARDS FOR MERIT-BASED REVIEW OF PROPOSALS.—

''(1) IN GENERAL: APPROVAL AS PRECONDITION TO GRANTS.—

''(A) ESTABLISHMENT.—There is established within the Center a Scientific and Technical Review Board on Biomedical and Behavioral Research Facilities (referred to in this section as the 'Board').

''(B) REQUIREMENT.—The Director of the Center may approve an application for a grant under subsection (a) only if the Board has under paragraph (2) recommended the application for approval.

''(2) DUTIES.—

''(A) ADVICE.—The Board shall provide advice to the Director of the Center and the advisory council established under section 480 (in this section referred to as the 'Advisory Council') in carrying out this section.

''(B) DETERMINATION OF MERIT.—In carrying out subparagraph (A), the Board shall make a determination of the merit of each application submitted for a grant under subsection (a), after consideration of the requirements established in subsection (c), and shall report the results of the determination to the Director of the Center and the Advisory Council. Such determinations shall be conducted in a manner consistent with procedures established under section 492.

''(C) AMOUNT.—In carrying out subparagraph (A), the Board shall, in the case of applications recommended for approval, make recommendations to the Director and the Advisory Council on the amount that should be provided under the grant.

''(D) ANNUAL REPORT.—In carrying out subparagraph (A), the Board shall prepare an annual report for the Director of the Center and the Advisory Council describing the activities of the Board in the fiscal year for which the report is made. Each such report shall be available to the public, and shall—

''(i) summarize and analyze expenditures made under this section;

''(ii) provide a summary of the types, numbers, and amounts of applications that were recommended for grants under subsection (a) but that were not approved by the Director of the Center; and

''(iii) contain the recommendations of the Board for any changes in the administration of this section.

''(3) MEMBERSHIP.—

''(A) IN GENERAL.—Subject to subparagraph (B), the Board shall be composed of 15 members to be appointed by the Director of the Center, and such ad-hoc or temporary members as the Director of the Center determines to be appropriate. All members of the Board, including temporary and ad-hoc members, shall be voting members.

''(B) LIMITATION.—Not more than 3 individuals who are officers or employees of the Federal Government may serve as members of the Board.

''(4) CERTAIN REQUIREMENTS REGARDING MEMBERSHIP.—In selecting individuals for membership on the Board, the Director of the Center shall ensure that the members are individuals who, by virtue of their training or experience, are eminently qualified to perform peer review functions. In selecting such individuals for such membership, the Director of the Center shall ensure that the members of the Board collectively—

''(A) are experienced in the planning, construction, financing, and administration of entities that conduct biomedical or behavioral research sciences;

''(B) are knowledgeable in making determinations of the need of entities for biomedical or behavioral research facilities, including such facilities for the dentistry, nursing, pharmacy, and allied health professions;

''(C) are knowledgeable in evaluating the relative priorities for applications for grants under subsection (a) in view of the overall research needs of the United States; and

''(D) are experienced with emerging centers of excellence, as described in subsection (c)(2).

''(5) CERTAIN AUTHORITIES.—

''(A) WORKSHOPS AND CONFERENCES.—In carrying out paragraph (2), the Board may convene workshops and conferences, and collect data as the Board considers appropriate.

''(B) SUBCOMMITTEES.—In carrying out paragraph (2), the Board may establish subcommittees within the Board. Such subcommittees may hold meetings as determined necessary to enable the subcommittee to carry out its duties.

''(6) TERMS.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), each appointed member of the Board shall hold office for a term of 4 years. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which such member's predecessor was appointed shall be appointed for the remainder of the term of the predecessor.

''(B) STAGGERED TERMS.—Members appointed to the Board shall serve staggered terms as specified by the Director of the Center when making the appointments.

''(C) REAPPOINTMENT.—No member of the Board shall be eligible for reappointment to the Board until 1 year has elapsed after the end of the most recent term of the member.