AMENDING THE PUBLIC HEALTH SERVICE ACT

Ms. COLLINS. Mr. President, I ask unanimous consent that the HELP Corps Loan Repayment Program established under section 338D of title III of 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, Senate amendment No. 2798 is the 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. And so important because for every minute that passes before a cardiac arrest victim's heart is returned to normal rhythms, his or her chance of survival falls by as much as 10 percent.

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 bill (H.R. 1693) was read the third time and passed.
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This bill also provides important gap-filling Good Samaritan liability for the few states that have yet to pass AED laws. It will help to protect those 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 fire and 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 many other 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 Secretary of Health and Human Services 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 Secretary of Health and Human Services 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 so hard 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 arrest 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 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 Senate 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 Good Samaritan laws.

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 Harkin, for keeping 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. 1288), as amended, was read the third time and passed, as follows:

S. 1288  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 90 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.

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

AMENDMENT NO. 2799

Ms. COLLINS. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. 1288, 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 amendment as follows:

A bill (S. 1288) 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.

SEC. 481A. BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES.

Section 481A of the Public Health Service Act (42 U.S.C. 257a-2 et seq.) is amended to read as follows:

“(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 MODERNIZATION 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) ADVISORY.—The Board shall provide advice to the Director of the Center and the advisory council established under section 480 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.

“(C) AMOUNT.—In carrying out subparagraph (A), the Board shall, in the case of applications recommended for approval, make recommendations to the Director of the Center 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.

“(E) 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.

“(C) CERTAIN REQUIREMENTS REGARDING MEMBERSHIP.—In selecting individuals for