

(to be referred to as 'Graduate Training in Clinical Investigation Awards') to support individuals pursuing master's or doctoral degrees in clinical investigation.

"(2) APPLICATIONS.—An application for a grant under this subsection shall be submitted by an individual scientist at such time as the Director may require.

"(3) LIMITATIONS.—Grants under this subsection shall be for terms of 2 years or more and shall provide stipend, tuition, and institutional support for individual advanced degree programs in clinical investigation.

"(4) DEFINITION.—As used in this subsection, the term 'advanced degree programs in clinical investigation' means programs that award a master's or Ph.D. degree in clinical investigation after 2 or more years of 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.

"(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. 1693) 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 analyze the heart rhythms of cardiac arrest victims to determine if a shock is warranted and, if necessary, deliver a life-saving 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.