

S. CON. RES. 138

At the request of Mr. REID, the names of the Senator from North Dakota (Mr. DORGAN) and the Senator from Hawaii (Mr. AKAKA) were added as cosponsors of S. Con. Res. 138, a concurrent resolution expressing the sense of Congress that the Secretary of Health and Human Services should conduct or support research on certain tests to screen for ovarian cancer, and Federal health care programs and group and individual health plans should cover the tests if demonstrated to be effective, and for other purposes.

S. CON. RES. 148

At the request of Mr. BROWNBACK, the names of the Senator from Kansas (Mr. ROBERTS), the Senator from North Dakota (Mr. DORGAN), the Senator from California (Mrs. FEINSTEIN), the Senator from Missouri (Mr. BOND), and the Senator from Oklahoma (Mr. INHOFE) were added as cosponsors of S. Con. Res. 148, a concurrent resolution recognizing the significance of bread in American history, culture, and daily diet.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. FRIST (for himself and Mr. KENNEDY):

S. 3083. A bill to amend the Public Health Service Act to extend the Advisory Council on Graduate Medical Education; to the Committee on Health, Education, Labor, and Pensions.

Mr. FRIST. Mr. President, I rise today to introduce legislation with Senator KENNEDY to extend the authorization time for an advisory council for graduate medical education. The Council on Graduate Medical Education, COGME, was created by Congress in 1986 to provide an ongoing assessment of physician workforce trends, training issues and financing policies, and to recommend appropriate Federal and private sector efforts to address identified needs. The legislation calls for COGME to advise and make recommendations to the Secretary of the U.S. Department of Health and Human Services, the Senate Committee on Health, Education, Labor and Pensions, and the House of Representatives Committee on Commerce. In 1998, when we re-authorized Title 7 programs, we re-authorized the Council through September 30, 2002.

Unfortunately, we have not been able to fully review all of the programs outlined in Title 7, including COGME. To give our Committee the additional time to review this council, I am introducing legislation today with Senator KENNEDY to extend the time period for its authorization until the end of fiscal year 2003.

By Mr. FRIST:

S. 3084. A bill to provide for the conduct of a study concerning health services research; to the Committee on Health, Education, Labor, and Pensions.

Mr. FRIST. Mr. President, I rise today to introduce legislation to authorize an Institute of Medicine study to examine the field of health services research. The health services research is the primary source of information for policy makers, payers, managers, providers and the public concerning the organization, financing and performance of the American health care system. The Agency for Healthcare Research and Quality, AHRQ, is the lead Federal agency in this effort. However, many other federal partners, most institutes at the National Institutes of Health, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Centers for Medicare & Medicaid Services, the Department of Veterans Affairs and the Department of Defense, fund and use health services research extensively to advance their mission. The American health care system is facing significant problems with rapidly rising costs, a staggering number of uninsured, racial and ethnic disparities, and a compelling need for safer, higher quality care. In the post-September 11 environment, we add the need to assure adequate public health systems and emergency response capacity in hospitals. In this challenging environment, I am increasingly concerned that the information needed from research to address current and future problems in the American health care system may not be available when needed. Therefore, I am introducing legislation today that requests AHRQ to contract with the Institute of Medicine for a report on the adequacy of the organization and financing of the field of health services research for meeting the nation's future information needs. The report should focus on the Federal role in supporting health services research, and in particular, the role of AHRQ in leading the federal effort and coordinating the complementary roles of other Federal agencies, as well as the private foundations and corporations, that conduct and fund health services research.

By Mrs. LINCOLN (for herself and Mr. BINGAMAN):

S. 3086. A bill to amend title XVIII of the Social Security Act to provide coverage under the Medicare program for diabetes laboratory diagnostic tests and other services to screen for diabetes; to the Committee on Finance.

Mrs. LINCOLN. Mr. President, I am pleased to introduce the Access to Diabetes Screening Services Act of 2002. My colleague Senator BINGAMAN joins me in introducing this important legislation. This bill will provide Medicare coverage for laboratory diagnostic tests and other services which are used to screen for diabetes.

Diabetes has reached epidemic proportions among adults in the United States. Trend data indicate that by the year 2010 more than 10 percent of all Americans will have diabetes. Even today our Nation is feeling the effects

of this disease, diabetes is the Nation's sixth leading cause of death.

My own home State of Arkansas has had first-hand experience with the rising diabetes rates. Arkansas ranks fifth in the Nation for diabetes incidence. According to recent health statistics, diabetes is the seventh leading cause of death for Arkansans. Recent studies show that 6.5 percent of all Arkansas adults have diagnosed diabetes, and over 1 million Arkansans are at risk for undiagnosed diabetes.

These rising rates are especially evident among our aging population. Currently almost 7 million Americans age 65 and older, or 20 percent of seniors, have diabetes. Roughly 20 percent of seniors age 65 and older have a newly identified condition called pre-diabetes. If left untreated, pre-diabetes will develop into diabetes. An additional 40,000 people living with diabetes and end-stage renal disease under the age of 65 participate in the Medicare program.

Even more distressing is the fact that approximately one third of the 7 million seniors with diabetes, or 2.3 million people, are undiagnosed. They simply do not know that they have this very serious condition—a condition whose complications include heart disease, stroke, vision loss and blindness, amputations, and kidney disease.

Those in the medical community and the federal government are only too aware of the rising prevalence and serious nature of diabetes. The Centers for Disease Control, National Institutes of Health, and the Department of Health and Human Services have recently joined together in a national education campaign to inform people about diabetes and encourage people age 45 and older to get screened for diabetes.

Unfortunately, current law does not allow Medicare to reimburse for diabetes testing, even if a patient presents a physician with serious risk factors for diabetes such as obesity, high blood pressure, or high cholesterol. Most shockingly, even if a patient is experiencing early evidence of diabetes complications like blindness and kidney disease, Medicare still cannot reimburse for diabetes testing.

This nonsensical omission of diabetes screening coverage is even more shocking in light of the fact that about 25 percent of the Medicare budget currently is devoted to providing medical care to seniors living with diabetes. In 1999, Arkansas spent \$1.6 billion on direct and indirect costs of diabetes. Why would we continue to constantly react to the disease in this manner, instead of proactively providing screening for our Medicare beneficiaries? This screening can identify the disease, even before any symptoms have appeared, and has the potential to save and improve thousands of lives.

The American Association of Clinical Endocrinologists strongly believes that patients with diabetes should be identified as early as possible in their illness. We have the technology to do this through screening.

I cannot overstate the need for this legislation. When faced with the rising prevalence of diabetes, the high percentage of seniors who already have the disease, the alarmingly high number of seniors who have diabetes but do not know it yet, and the high cost associated with its treatment, it is obvious that Medicare should provide coverage for diabetes screening.

The American Diabetes Association has identified Medicare screening coverage as their top legislative priority, and I have worked closely with them to craft this legislation. I urge all of my colleagues to give serious consideration to the Diabetes Screening Act of 2002.

STATEMENTS ON SUBMITTED RESOLUTIONS

SENATE RESOLUTION 337—AUTHORIZING THE PRINTING WITH ILLUSTRATIONS OF A DOCUMENT ENTITLED “COMMITTEE ON APPROPRIATIONS, UNITED STATES SENATE, 135TH ANNIVERSARY, 1867-2002”

Mr. BYRD (for himself and Mr. STEVENS) submitted the following resolution; which was considered and agreed to:

S. RES. 337

Resolved, That there be printed with illustrations as a Senate document a compilation of materials entitled “Committee on Appropriations, United States Senate, 135th Anniversary, 1867-2002”, and that there be printed two thousand additional copies of such document for the use of the Committee on Appropriations.

SENATE CONCURRENT RESOLUTION 151—EXPRESSING THE SENSE OF CONGRESS THAT THE FEDERAL GOVERNMENT AND THE STATES SHOULD MAKE IT A PRIORITY TO ENSURE A STABLE, QUALITY DIRECT SUPPORT WORKFORCE THAT PROVIDE SERVICES AND SUPPORTS FOR INDIVIDUALS WITH MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES

Mr. HUTCHINSON submitted the following concurrent resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. CON. RES. 157

Whereas there are more than 8,000,000 Americans who have mental retardation or other developmental disabilities;

Whereas individuals with developmental disabilities include those with mental retardation, autism, cerebral palsy, Down’s syndrome, epilepsy, and other related conditions;

Whereas individuals with mental retardation or other developmental disabilities have a continuous need for individually planned and coordinated services due to substantial limitations on their functional capacities, including limitations in at least 2 of the areas of self-care, receptive and expressive language, learning, mobility, self-direction,

independent living, and economic self-sufficiency;

Whereas for the past 2 decades individuals with mental retardation or other developmental disabilities and their families have increasingly expressed a desire to live and work in their communities and to join the mainstream of American life;

Whereas the Supreme Court, in *Olmstead v. L.C.*, 527 U.S. 581 (1999), affirmed the right of individuals with mental retardation or other developmental disabilities to receive community-based services as an alternative to institutional care;

Whereas the demand for community supports and services is rapidly growing, as States comply with *Olmstead* and continue to move more individuals from institutions into the community;

Whereas the demand for community supports and services will also continue to grow as family caregivers age, waiting lists grow, individuals with mental retardation or other developmental disabilities live longer, and services for such individuals expand;

Whereas our Nation’s long-term care delivery system is dependent upon a disparate array of public and private funding sources, and is not a conventional industry, but rather is financed primarily through third-party insurers;

Whereas Medicaid financing of supports and services to individuals with mental retardation or other developmental disabilities varies considerably from State to State, causing significant disparities across geographic regions, among differing groups of consumers, and between community and institutional supports;

Whereas aside from families, private providers that employ direct support professionals deliver the majority of supports and services for individuals with mental retardation or other developmental disabilities in the community;

Whereas direct support professionals provide a wide range of supportive services to individuals with mental retardation or other developmental disabilities on a day-to-day basis, including habilitation, health care, personal care and hygiene, employment, transportation, recreation, housekeeping, and other home management-related supports and services that enable these individuals to live and work in their communities;

Whereas direct support professionals generally assist individuals with mental retardation or other developmental disabilities to lead a self-directed family, community, and social life;

Whereas private providers and the individuals for whom they provide supports and services are in jeopardy as a result of the growing crisis in recruiting and retaining a direct support workforce;

Whereas providers of supports and services to individuals with mental retardation or other developmental disabilities typically draw from a labor market that competes with other entry-level jobs that provide less physically and emotionally demanding work as well as higher pay and other benefits, and therefore these direct support jobs are not currently competitive in today’s labor market;

Whereas annual turnover rates of direct support workers range from 40 to 75 percent;

Whereas high rates of employee vacancies and turnover threaten the ability of providers to achieve their core mission, which is the provision of safe and high-quality supports to individuals with mental retardation or other developmental disabilities;

Whereas direct support staff turnover is emotionally difficult for the individuals being served;

Whereas many parents are becoming increasingly afraid that there will be no one

available to take care of their sons and daughters with mental retardation or other developmental disabilities who are living in the community; and

Whereas this workforce shortage is the most significant barrier to implementing the *Olmstead* decision, undermines the expansion of community integration as called for by President George W. Bush’s New Freedom Initiative, and places the community support infrastructure at risk: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring),

SECTION 1. SHORT TITLE.

This resolution may be cited as the “Direct Support Professional Recognition Resolution”.

SEC. 2. SENSE OF CONGRESS REGARDING SERVICES OF DIRECT SUPPORT PROFESSIONALS TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

It is the sense of Congress that the Federal Government and the States should work to advance our Nation’s commitment to community integration for individuals with mental retardation or other developmental disabilities and to advance personal security for such individuals and their families by making it a priority to ensure a stable, quality direct support workforce that provides services and supports for such individuals.

AMENDMENTS SUBMITTED & PROPOSED

SA 4858. Mr. LEVIN submitted an amendment intended to be proposed by him to the joint resolution S.J. Res. 45, to authorize the use of United States Armed Forces against Iraq; which was ordered to lie on the table.

SA 4859. Mr. LEVIN submitted an amendment intended to be proposed by him to the joint resolution S.J. Res. 45, supra; which was ordered to lie on the table.

SA 4860. Mr. LEVIN submitted an amendment intended to be proposed by him to the joint resolution S.J. Res. 45, supra; which was ordered to lie on the table.

SA 4861. Mr. LEVIN submitted an amendment intended to be proposed by him to the joint resolution S.J. Res. 45, supra; which was ordered to lie on the table.

SA 4862. Mr. LEVIN (for himself, Mr. REED, Mr. BINGAMAN, Mrs. BOXER, Ms. MIKULSKI, Ms. STABENOW, Mr. AKAKA, and Mr. JEFFORDS) submitted an amendment intended to be proposed to amendment SA 4856 proposed by Mr. LIEBERMAN (for himself, Mr. WARNER, Mr. BAYH, Mr. MCCAIN, Ms. LANDRIEU, Mr. MCCONNELL, Mr. MILLER, Mr. DOMENICI, Mr. EDWARDS, Mr. HUTCHINSON, Mr. JOHNSON, Mr. ALLARD, Mr. BAUCUS, Mr. HELMS, Mr. BUNNING, Mr. LOTT, Mr. SHELBY, Mr. THOMPSON, and Mr. NICKLES) to the joint resolution S.J. Res. 45, supra.

SA 4863. Mr. LEVIN submitted an amendment intended to be proposed to amendment SA 4586 submitted by Mr. SPECTER and intended to be proposed to the bill H.R. 5005, to establish the Department of Homeland Security, and for other purposes; which was ordered to lie on the table.

SA 4864. Mr. DURBIN submitted an amendment intended to be proposed to amendment SA 4586 submitted by Mr. SPECTER and intended to be proposed to the bill H.R. 5005, supra; which was ordered to lie on the table.

SA 4865. Mr. DURBIN submitted an amendment intended to be proposed to amendment SA 4586 submitted by Mr. SPECTER and intended to be proposed to the bill H.R. 5005, supra; which was ordered to lie on the table.

SA 4866. Mrs. BOXER submitted an amendment intended to be proposed by her to the joint resolution S.J. Res. 45, to authorize the use of United States Armed Forces against Iraq; which was ordered to lie on the table.