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 National Institutes 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.

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 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 Committee on Commerce. In 1998, when we re-audited Title 7 programs, we re-audited 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.

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.

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.

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 alarmingly, 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 fact, the Centers for Disease Control and Prevention estimate that 32.5 million American adults—almost 1 in 7—have diabetes. Unfortunately, approximately 1 in 4 Medicare beneficiaries—about 8 million people—will develop diabetes.

By Mr. Frist:

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.

By Mrs. Lincoln:

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.

Diabetes has reached epidemic proportions among adults in the United States. The Centers for Disease Control and Prevention reports 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 the latest 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. By the year 2030, 40 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 are expected to die each year.

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 alarmingly, 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 fact, the Centers for Disease Control and Prevention estimate that 32.5 million American adults—almost 1 in 7—have diabetes. Unfortunately, approximately 1 in 4 Medicare beneficiaries—about 8 million people—will develop diabetes.

Unfortunately, current law does not allow Medicare to reimburs
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, 107TH ANNUAL SESSION, 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, 107th 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 in at least 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 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 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 access and 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 achieve their functional capacities;

Whereas direct support professionals generally assist individuals with mental retardation or other developmental disabilities to load 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 private providers and services to individuals with mental retardation or other developmental disabilities typically draw from a labor market that competes with other enti-level jobs that provide 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 and services 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 the Olmstead Supreme Court Decision, 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 AND SUPPORTS 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.

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. ROTHMAN, Mrs. MIKULSKI, Mr. BAYH, Mr. MCCAIN, Mr. ANDERSON, Mr. BURRESS, Mr. BUNNING, Mr. LOTT, Mr. SHELBY, Mr. THOMPSON, and Mr. NICKLES) submitted an amendment intended to be proposed by amendment SA 4856 proposed by Mr. REED, Mr. ROTHMAN, Mr. ANDERSON, Mr. BURRESS, 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 4856 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 4856 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 4856 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, supra; which was ordered to lie on the table.