Swanson, Holly Thiede, Rosemary Thiel; Concordia Academy (Roseville)—Dean Dunnavan, Micah Treichel; Concordia College of Bronxville—Mandara Nakhai.

NUCLEAR MEDICINE WEEK

Mr. BOND. Mr. President, I rise today to remind my colleagues that this week, October 3 through October 9, is Nuclear Medicine Week. Nuclear Medicine Week is the first week in October every year and is an annual celebration initiated by the Society of Nuclear Medicine. Each year, Nuclear Medicine Week is celebrated internationally at hospitals, clinics, imaging centers, educational institutions, corporations, and more.

I am particularly proud to note that Dr. Henry Royal, a physician practicing nuclear medicine at the Mallinckrodt Institute of Radiology in St. Louis, is a constituent and immediate-past president of the Society of Nuclear Medicine. The Society of Nuclear Medicine is an international scientific and professional organization of more than 15,000 members dedicated to promoting the science, technology and practical applications of nuclear medicine. I commend him and his colleagues for their outstanding work in the field of nuclear medicine and for their dedication to caring for people with cancer and other serious and life-threatening illnesses that can be diagnosed, managed, and treated with medical isotopes via nuclear medicine procedures.

With nuclear medicine, health care providers can use a safe, noninvasive procedure to gather information about a patient's condition that might otherwise be unavailable or have to be obtained through surgery or more expensive diagnostic tests. Nuclear medicine procedures often identify abnormalities very early in the progression of a disease—long before some medical problems are apparent with other diagnostic tests. This early detection allows a disease to be treated early in its course, when there may be a more successful prognosis.

An estimated 16 million nuclear medicine imaging and therapeutic procedures are performed each year in the United States. Of these, 40 to 50 percent are cardiac exams and 35 to 40 percent are oncology related. Nuclear medicine procedures are among the safest diagnostic imaging tests available. The amount of radiation from a nuclear medicine procedure is comparable to that received during a diagnostic x-ray.

Nuclear medicine tests, also known as scans, examinations, or procedures, are safe and painless. In a nuclear medicine test, small amounts of medical isotopes are introduced into the body by injection, swallowing, or inhalation. A special camera, PET or gamma camera, is then used to take pictures of your body. The camera does this by detecting the medical isotope in the target organ, bone or tissue and thus forming images that provide data and information about that area of your body. This is how nuclear medicine differs from an x-ray, ultrasound or other diagnostic test—it determines the presence of disease based on function rather than anatomy.

Recently, the Centers for Medicare & Medicaid Services' announced its decision to approve coverage of positron emission tomography or PET for Medicare beneficiaries who have suspected Alzheimer's disease. This decision will allow physicians to obtain an early and more definitive diagnosis and to begin treatment at the time when it provides the best chance of prolonging cognitive function for our Medicare beneficiaries. Some of the more frequently performed nuclear medicine procedures include: bone scans to examine orthopedic injuries, fractures, tumors or unexplained bone pain; heart scans to identify normal or abnormal blood flow to the heart muscle, measure heart function or determine the existence or extent of damage to the heart muscle after a heart attack; breast scans that are used in conjunction with mammograms to more accurately detect and locate cancerous tissue in the breasts; liver and gallbladder scans to evaluate liver and gallbladder function; cancer imaging to detect tumors and determine the severity—staging—of various types of cancer; treatment of thyroid diseases and certain types of cancer; brain imaging to investigate problems within the brain itself or in blood circulation to the brain; renal imaging in children to examine kidney function.

Unfortunately, the field of nuclear medicine is not attracting enough incoming students to fill the current demand for nuclear medicine technologists—usually called NMTs. Currently, there is approximately an 18-percent vacancy of NMTs as determined by the American Hospital Association, AHA. By 2010, the Bureau of Labor Statistics, BLS, projects that the U.S. will need an additional 8,000 NMTs to fill the projected demand created by the aging workforce and expanding senior population. Over the next 20 years, the BLS expects that there will be a 140-percent increase in the demand for imaging services. The use of diagnostic imaging services has been increasing by approximately four percent a year, even as the number of certified NMTs and registered radiologic technologists has remained stable. As a result, imaging technologists often work longer shifts, and patients can face weeks of delay for routine exams.

A similar situation is developing for nuclear medicine physicians. According to the American Board of Medical Specialties, there currently are 4,087 certified nuclear medicine physicians in the United States. At the same time, the number of physician training programs is also declining, exacerbating the future shortage.

Over the next 20 years, the number of people over the age of 65 is expected to double at the exact same time when the nation will face shortages of medical personnel—including nurses, NMTs, physicians, laboratory personnel, and other specialists. With an increasing number of people needing specialized care—such as nuclear medicine—coupled with an inadequate workforce, our Nation quickly could face a healthcare crisis of serious proportions with limited access to quality cancer care, particularly in traditionally underserved areas.

I encourage my colleagues to support Nuclear Medicine Week, to support policies such as the newly released CMS decision, and to support increased funding for programs so that our Nation will have a sufficient supply of nuclear medicine physicians and technologists to care for all patients in need of nuclear medicine procedures and related care.

CHIP PROTECTION AND IMPROVEMENT ACT

Mr. CHAFEE. Mr. President, I introduced S. 2759, along with my colleague, Senator ROCKEFELLER, to help States with healthy State Children's Health Insurance programs remain strong, so that they may continue to provide high-quality health care coverage to the children they serve. Our bill achieves this objective by allowing States to keep $1.1 billion in expiring funds in the SCHIP program and continuing current law redistribution rules through 2007.

Concerns have been expressed that S. 2759 would not reallocate SCHIP funds in an effective manner and that States cannot utilize their current SCHIP allotments. Proponents of this view believe the expiring SCHIP funds could be more effectively used for outreach and enrollment in the program. We fully support greater outreach and enrollment, but do not believe that it should come at the expense of providing adequate health insurance to children currently served by the program. In 2003, due to State budget deficits, seven States capped enrollment in their SCHIP. Over the next few years, unless we extend the availability of existing SCHIP funds and target them to the States with the most need, many States will lack adequate funds to meet their existing need, much less enroll more eligible but uninsured children. It is also important to note that ten percent of the amount States spend on coverage can be spent on administrative costs, including outreach. Consequently, an increase in coverage would also increase the funding States have for outreach and enrollment. Moreover, the Robert Wood Johnson Foundation currently provides SCHIP outreach grants to community health centers, hospitals, and faith-based organizations through its Covering Kids & Families Initiative.

Another criticism of S. 2759 deals with the amount of money States will have available in fiscal year 2005.

States and territories will have $10.8 billion available to provide health insurance coverage to children in 2005. It has also been estimated that States will only require $5.3 billion in fiscal year 2005 to provide adequate coverage. Although this is true in the aggregate, this funding figure does not take into account the realities of the existing SCHIP financing system. These excess funds are concentrated in low-spending States that have not utilized their SCHIP allotments in previous years, and they are not available to States facing Federal funding shortfalls. In the absence of a fundamental alteration of the current SCHIP financing system, the aggregate funding in the program is not relevant to critical issue of whether there is adequate funding within specific States.

Lastly, it has been proposed that the Secretary of the Department of Health and Human Services has the authority to redistribute unspent allotments from fiscal year 2002 to States where Federal funding shortfalls are anticipated in fiscal year 2005. While it is encouraging that the concerns of States facing an immediate shortfall in 2005 would be alleviated under this approach, our larger concern about the long-term financial health of the SCHIP in fiscal years 2006 and 2007 persists. Eleven States would receive less in redistributed fiscal year 2002 funds under this proposal than they would otherwise receive, and they would not have access to the $1.07 billion in federal SCHIP funds that are scheduled to expire.

The Children's Health Protection and Improvement Act addresses the long-term Federal funding shortfalls in the SCHIP program over the next 3 years. The Governors of all 50 States have endorsed our proposal and view it as a comprehensive approach to addressing the Federal SCHIP funding shortfalls that will occur prior to the program's reauthorization in fiscal year 2007. We stand ready to work with the Senate leadership and the administration to keep the SCHIP strong so that it may continue to provide critical health care coverage to uninsured children through fiscal year 2007, when a more comprehensive resolution of the formula problems can be explored.

ASSISTIVE TECHNOLOGY ACT OF 2004

Mr. DEWINE. Mr. President, I rise today in support of the Assistive Technology Act of 2004, which passed the Senate last week by unanimous consent on September 30, 2004. I thank Senator GREGG for his commitment to this very important issue and to my colleagues who have spent several months working on this bill.

The Assistive Technology Act is legislation that helps those individuals with disabilities receive the necessary equipment, devices, and services that allow them to live independently, improve their education, or assist with employment opportunities. This program is open to all ages, so it may help the smallest child receive equipment that will help him or her in the classroom or older adults who may need a device to adapt their workspace so they continue on the job.

Many States, such as Ohio, offer many different services to individuals with disabilities. Successful programs—equipment exchange programs and demonstration centers, for example—help ensure that the individual needing assistance is receiving the appropriate equipment to address the obstacle he or she is trying to overcome. Programs like these and the financial loan program help provide everyone in need with the opportunity to receive and purchase the technology and devices necessary to lead productive lives.

This legislation is very important to the millions of individuals with disabilities living in the United States. Again, I thank Senator GREGG and my colleagues on the HELP Committee for working on this issue. I look forward to working with my colleagues on other legislation that will address the needs of individuals with disabilities.

I ask unanimous consent the text of three letters from groups supporting the Assistive Technology Act be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

DEAR CHAIRMAN GREGG AND SENATOR HARKIN: On behalf of the National Association of Assistive Technology Act Programs (ATAP), I am writing to indicate our support for the Senate's passage of HR 4278, a bill to reauthorize the Assistive Technology Act. We understand it will be ''hotlined'' today.

Thank you for your work to bring this process to this point. The bill allows AT programs to continue so that people with disabilities can access assistive technology devices and services. We hope to work with you to make sure that the bill is adequately funded in future appropriations bills so that we can fully realize all of the goals of the bill.

If you have questions or need additional information, please contact Jane West at 202–289–3903 or jwest@wpllc.net.

Sincerely,

DEBORAH BUCK,
Executive Director.

DEAR MR. DEWINE: On behalf of the Association of University Centers on Disabilities (AUCD) I would like to thank you for your leadership and remarkable bi-partisan work on HR 4278, the reauthorization of the Assistive Technology Act. The bill will assist people with disabilities throughout our country who will be able to work more effectively, learn at school and more fully participate in their communities, thanks to their increased access to assistive technologies.

We appreciate the hard work that has gone into every phase of the process of developing and negotiating this vital legislation. We are especially pleased that the bill clearly delineates the authorization of appropriations so that state grants will have defined and equitable minimum allotment levels. We also appreciate the fact that the bill provides flexibility to states to design locally responsive programs while still assuring a focus on activities that will get assistive technology into the hands of the people that need it. We are pleased, as well, that the bill has enhanced provisions for Research and Development efforts.

The network of University Centers for Excellence in Developmental Disabilities represented by AUCD urge you to pass HR 4278 now, and we look forward to working with you as you continue to work to ensure that the future holds nothing but enhancements of the programs and services authorized by this legislation.

Thank you for your support of people with disabilities and families who will now see increased benefits from the vast technological advances the 21st century will bring. And thank you again for your bipartisan work and your leadership.

Sincerely,

GEORGE JESIEN, PH.D.,
Executive Director.

Hon. MIKE DEWINE,
U.S. Senate, Washington, DC.

DEAR SENATOR DEWINE: On behalf of the National Association of Protection and Advocacy Systems (NAPAS) we would like to thank you for your leadership on assistive technology and moving forward with the process of reauthorizing the Assistive Technology Act of 1998. The substitute bill before the Senate ''Improving Access to Assistive Technology for Individuals with Disabilities Act of 2004'' represents a true bipartisan piece of legislation.

The bill is a step forward for the protection and advocacy system. The bill makes the following changes that we support: Establishes a grant to the American Indian Consortium for a Protection and Advocacy for Assistive Technology (PAAT) program; establishes a line item to fund the PAAT program; enables a PAAT program to retain earned income for an additional fiscal year beyond current law and regulation; included language to continue needed training and technical assistance for the PAAT program.

All of these changes to current law will help make the PAAT program consistent with other protection and advocacy programs. We are thankful for the hard work and dedication of you and the staff who have endeavored to improve this program for people with disabilities.

Regrettably, the bill did not contain recommended language to include a provision which would enable the minimum allotments for states and territories to rise when the program receives an appropriations increase.

Thank you very much for working in a bipartisan manner to move this legislation. We look forward to working with you to enact this into law this year. If you would like additional information or have questions, please contact myself or Nadia Facey, Public Policy Analyst, at 202–408–9514.

Sincerely,

MAUREEN FITZGERALD,
President, Board of Directors.
CURTIS L. DECKER,
Executive Director.

ADDITIONAL STATEMENTS

IN CELEBRATION OF THE DEDICATION OF PACIFICA STATE BEACH

● Mrs. BOXER. Mr. President, I take this opportunity to recognize the City of Pacifica for its efforts to renovate and restore Pacifica State Beach.

California's beaches are an integral part of our State's heritage. Whether they are vast expanses of flat, sandy