Nick Reuter, a senior public health analyst with the agency.

It clearly was not the intention of DATA that individuals seeking treatment have less access to new medications simply because they receive care from a physician practicing in a group, or from a group-based or mixed-model health plan. Nevertheless, this is the effect it is having and it is a severe effect. The problem is addressed by removing the 30-patient aggregate limit on medical groups. The patient limitation would remain on individual treating physicians. This is achieved in the bill, S. 1887, which I introduced along with Senators HATCH and BIDEN. It simply removes the statutory limit on the number of patients for whom doctors in medical groups may prescribe certain newly available, FDA-approved medications to treat heroin addiction.

I would like to close with another excerpt from Mr. DeMarco's article regarding the positive impact buprenorphine treatment has had on an individual who sought help with his addiction, and was fortunate enough not to be turned away. It is as follows:

Timothy Tigges says his addiction began after he wrenched his back and bummed a few Percocet pills, a prescription analgesic, from a friend to dull the pain. Before he knew it, he was hooked on opiates, alternating between OxyContin and shooting up heroin as his life went to pieces.

In October, Tigges, a 27-year-old East Boston carpet installer, began taking buprenorphine, placing an orange pill the size of a dime under his tongue until it dissolves, four times daily. He hasn't touched an illegal drug since the day he started the program, has put on 80 pounds from lifting weights at the gym, and has yet to miss a day of work. For the first time in three years, Tigges hopes to see his 5-year-old daughter, whose mother has refused to let him visit.

I've had clean urines, 100 percent, for nine months now. There's nothing I'm prouder of than that,'' he said, choking back emotion. ''What I read on the front page of the paper every day is 18- and 20-year-old kids dying of garbage drugs. There's just no need for it. I would take every ounce of heroin off the street and give them this stuff. You watch the crime rate go down.

Mr. President, I thank my colleagues for their wisdom in adopting this much-needed legislation.

TRIBUTE TO LORRAINE PERONA

Mr. LIEBERMAN. Mr. President, I rise to express my deep gratitude to my long-time office manager, Lorraine Perona, who, after more than 27 years of outstanding and dedicated service to the U.S. Senate, is retiring on June 30, 2004.

When I first took office as a U.S. Senator from the State of Connecticut on January 3, 1989, Lorraine was one of a small group of staff members I had assembled to assist me as I began my service. I was fortunate to have a person of Lorraine's extensive knowledge and years of Senate staff experience to set up my office. She did a wonderful job and has kept my office running for more than 15 years, as office manager and financial director; and she has done so with style and grace. She has been an influential leader in my office, and her contributions have been many. Many staff and interns have passed through the doors of my office over the years. All have benefitted from Lorraine's caring guidance, common sense, and expertise.

Lorraine studied international relations at American University and subsequently worked at Dartmouth College in charge of foreign study programs. Through a contact there, she learned of an opening in the office of Senator John Durkin, Democrat from New Hampshire, and thus began her Senate career in March 1977. Following her work in Senator Durkin's office, Lorraine built her career in the Senate setting up offices for newly elected Members, including Senator CARL LEVIN, Democrat from Michigan, in 1979, Senator FRANK LAUTENBERG, Democrat from New Jersey, in 1982, and, of course, myself in 1989. Lorraine is an expert at creating attractive, functional and comfortable work spaces, not an easy task given our limited space and resources. She is respected and beloved among her office manager colleagues and throughout the Senate community, where she has made many friends.

For the past few years, Lorraine has been faced with many serious health problems. She has faced these personal challenges with great courage. Despite her suffering and hardship, she has continued to do her utmost in service to me and the citizens of Connecticut. Lorraine has been an inspiration to us all.

I know it is difficult for Lorraine to leave my office and her extended Senate family; she often speaks of the Senate as ''home.'' It is difficult for us, as well, for we will miss her kindness, warmth, and wise counsel. But hers is a retirement well earned, and Lorraine can be very proud of her public service and contributions to the work of the Senate. As she completes her Government career, I wish Lorraine good health and every happiness. I know she has a great deal to look forward to with her husband, Bernie Rooney, and lovely daughter, Shannon, and I wish them all the best.

I extend to Lorraine Perona my personal thanks and congratulations for more than 27 years of exemplary service to the U.S. Senate.

ALLIED HEALTH REINVESTMENT ACT

Ms. CANTWELL. Mr. President, last week I introduced S. 2491, the Allied Health Reinvestment Act, with my colleagues, Senators BINGAMAN and LIEBERMAN. As I mentioned at that time, the Allied Health Reinvestment Act will encourage individuals to seek and complete high quality allied health education and training by providing additional funding for their studies. This funding will help provide the U.S. healthcare industry with a supply of allied health professionals support the nation's health care system in this decade and beyond.

The bill has a number of supporters. I would particularly like to express my appreciation to the Association of Schools of Allied Health Professions, ASAHP, for its support of the legislation as well as its ongoing efforts to address the need for allied health professionals and allied health faculty.

ASAHP, founded in 1967, has a membership that includes 105 institutions of higher learning throughout the United States, as well as several hundred individual members. ASAHP publishes a quarterly journal and also conducts an annual survey of member institutions. This annual survey, called the ''Institutional Profile Survey,'' is used for, among other purposes, collecting student application and enrollment data. These data substantiates that there is a pressing need to address existing allied health workforce shortages, which have been further exacerbated by declines in enrollment that have occurred for 4 straight years.

Using data from the Institutional Profile Survey, as well as the General Accounting Office, U.S. Census Bureau, and other sources, ASAHP has compiled what I believe to be a compelling rationale in its support for the Allied Health Reinvestment Act that I introduced. Mr. President, I ask unanimous consent that the text of this Rationale for an Allied Health Reinvestment Act from the Association of Schools of Allied Health Professions be printed in the RECORD.

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

RATIONALE FOR AN ALLIED HEALTH REINVESTMENT ACT

Led by the Association of Schools of Allied Health Professionals, a Washington-DC based organization with 105 colleges and universities as members, a coalition of 30 national organizations supports the enactment of an Allied Health Reinvestment Act. S. 2491 was introduced in the 108th Congress by MARIA CANTWELL (D–WA), JEFF BINGAMAN (D–NM), and JOSEPH LIEBERMAN (D–CT) and H.R. 4016 was introduced in the House by CLIFF STEARNS (R–FL) and TED STRICKLAND (D–OH).

The well-being of the U.S. population depends to a considerable extent on having access to high quality health care, which requires the presence of an adequate supply of competently-prepared allied health professionals. Workforce, demographic, and epidemiologic imperatives are the driving forces behind the need to have such legislation enacted.

THE WORKFORCE IMPERATIVE

Many allied health professionals are characterized by existing workforce shortages, declining enrollments in academic institutions, or a combination of both factors. Hospital officials have reported vacancy rates of 18 percent among radiologic technologists and 10 percent among laboratory technologists, plus they indicated more difficulty in recruiting these same professionals than two years prior.

Fitch, a leading global rating agency that provides the world's credit markets with

credit opinions, indicates that labor expenses due to personnel shortages will continue to plague hospitals and is the biggest financial concern for that sector because it typically costs up to twice normal equivalent wages to fill gaps with temporary agency help.

The Bureau of Labor Statistics (BLS) projects that in the period 1998–2008, a total of 93,000 positions in clinical laboratory science need to be provided in the form of creating 53,000 new jobs and filling 40,000 existing vacancies. Of the 9,000 openings per year, academic institutions are producing only 4,990 graduates annually. BLS projections in 2004 show that nine of the 10 fastest growing occupations are health or computer (information technology) occupations.

Accredited respiratory therapy programs in 2000 graduated 5,512 students—21% fewer than the 6,062 graduates in 1999. In 2001, the number of graduates from these schools fell another 20% to 4,437. The BLS expects employment of respiratory therapists to increase faster than the average of all occupations, increasing from 21% to 35% through 2010. The aging population and an attendant rise in the incidence of respiratory ailments, including asthma and COPD, and cardiopulmonary diseases drive this demand.

Employment growth in schools will result from expansion of the school-age population and extended services for disabled students. Therapists will be needed to help children with disabilities prepare to enter special education programs.

The American Hospital Association has identified declining enrollment in health education programs as a factor leading to critical shortages of health care professionals. That assessment is buttressed by data from 90 institutions belonging to the Association of Schools of Allied Health Professions. The following professions were unable to reach enrollment capacity over a three-year period: cardiovascular perfusion technology, cytotechnology, dietetics, emergency medical sciences, health administration, health information management, medical technology, occupational therapy, rehabilitation counseling, respiratory therapy, and respiratory therapy technician.

Given the level of anxiety over the possibility of terrorist attacks occurring in this country, in a study released by the General Accounting Office (GAO) on April 8, 2003 that focused on the nation's adequacy of preparedness against bioterrorism, it was reported that shortages in clinical laboratory personnel exist in state and local public health departments, laboratories, and hospitals. Moreover, these shortages are a major concern that is difficult to remedy.

Laboratories play a critical role in the detection and diagnosis of illnesses resulting from exposure to either biological or chemical agents. No therapy or prophylaxis can be initiated without laboratory identification and confirmation of the agent in question. Laboratories need to have adequate capacity and necessary staff to test clinical and environmental samples in order to identify an agent promptly so that proper treatment can be started and infectious diseases prevented from spreading.

Meanwhile, the U.S. population continues to become more racially and ethnically diverse. A health care workforce is needed that better reflects the population they serve. Practitioners must become more attuned to cultural differences in order to facilitate communication and enhance health care quality.

THE DEMOGRAPHIC IMPERATIVE

The U.S. Census Bureau reports that rapid growth of the population age 65 and over will begin in 2011 when the first of the baby boom generation reaches age 65 and will continue for many years. The larger proportions of the population in older age groups result in part from sustained low fertility levels and from relatively larger declines in mortality at older ages in the latter part of the 20th century. From 1900 to 2000, the proportion of persons 65 and over went from 4.1 percent to 12.4 percent.

In the 20th century, the total population more than tripled, while the 65 years and older population grew more than tenfold, from 3.1 million in 1900 to 35.0 million in 2000.

Among the older population, the cohort 85 years and over increased from 122,000 in 1900 to 4.2 million in 2000. Since 1940, this age group increased at a more rapid rate than 65-to-74 year olds and 75-to-85 year olds in every decade. As a proportion of the older population, the 85 and over group went from being four percent of the older population to 12 percent between 1900 and 2000.

THE EPIDEMIOLOGICAL IMPERATIVE

The baby-boom generation's movement into middle age, a period when the incidence of heart attack and stroke increases, will produce a higher demand for therapeutic services. Medical advances now enable more patients with critical problems to survive. These patients may need extensive therapy.

According to Solucient, a major provider of information for health care providers, profound demographic shifts over the next twenty-five years will result in significant increases in the demand for inpatient acute care services if current utilization patterns do not change. An aging baby boom generation, increasing life expectancy, rising fertility rates, and continued immigration will undoubtedly increase the volume of inpatient hospitalizations and significantly alter the mix of acute care services required by patients over the next quarter century. Nationwide, demographic changes alone could result in a 46 percent increase in acute care bed demand by 2027. Total acute care admissions could also increase by almost 13 million cases in the next quarter century—a growth of 41 percent from the current number of national admissions. Currently, the aged nationwide account for about 40 percent of inpatient admissions and about 49 percent of beds. By 2027, they could make up a majority of acute care services—51 percent of admissions and 59 percent of beds.

Along with the aging of the population came an increase in the number of Americans living with one, and often more than one, chronic condition. Today, it is estimated that 125 million Americans live with a chronic condition, and by 2020 as the population ages, that number will increase to an estimated 157 million, with 81 million of them having two or more chronic conditions. Twenty-five percent of individuals with chronic conditions have some type of activity limitations. Two-thirds of Medicare spending is for beneficiaries with five or more chronic conditions.

Many individuals with chronic conditions rely on family caregivers. Approximately nine million Americans provide such services, and on the average, they spend 24 hours a week doing so. Caregivers age 65–74 provide an average of 30.7 hours of care per week and individuals age 75 and older provide an average of 34.5 hours per week.

Women are more likely than men to have chronic conditions, in part because they have longer life expectancies. These same women are caregivers to other chronically ill persons. In addition, 65 percent of caregivers are female, and of all caregivers, nearly 40 percent are 55 years of age and older.

Physicians report that their training does not adequately prepare them to care for this type of patient in areas such as providing education and offering effective nutritional guidance. Allied health professionals can provide those aspects of care, but many of them need better preparation to treat and coordinate care for patients with chronic conditions. While much emphasis is placed on curative forms of care, additional efforts must be devoted to slowing the progression of disease and its effects.

ADDITIONAL STATEMENTS

IN REMEMBRANCE OF HAROLD ''HAL'' RUBIN

● Mrs. BOXER. Mr. President, it is my honor to speak in memory of Harold ''Hal'' Rubin, a professor and activist who will always be remembered for his love of family, politics and the environment.

Hal Rubin was an excellent example of a citizen who consistently worked to make his community a better place. Mr. Rubin's love for politics motivated his involvement in numerous local issues and political races in Placer County. He was passionate about issues such as campaign spending limits, the environment and preserving the rural characteristics of Placer County.

Hal had an exceptional career as a professor. He began his teaching career as a professor of English and Political Science at Sierra Community College. At Sierra, he was voted by the students as their favorite professor. He continued his teaching career as a professor of journalism at California State University, Sacramento.

His strong writing skills coupled with his concern for the environment led him to a job as a senior technical writer for what is now GenCorp Incorporated, where he wrote about nuclear propulsion in the Nation's space program. Those traits combined with his interest in politics also led him to a freelance writing career, with articles published in various California magazines.

In addition to his dedication to politics, teaching and the environment, Hal was devoted to serving his country. His service during World War II as a member of the Army Air Force was an act of selfless dedication to protecting our Nation. He also served as a member of the Veterans of Foreign Wars, Post 1942.

Hal Rubin committed his life to his community, his Nation and most of all his family. He touched the lives of many, and his impact on his community will be long remembered.●

TRIBUTE TO HAROLD O. DAVIES

● Mr. BUNNING. Mr. President, today I would like to take the opportunity to honor Mr. Harold O. Davies, a Seaman on the USS *Yorktown* in the Battle of Midway during World War II.

During the Memorial Day holiday, we have honored many of our service men and women who risked their lives for their country. We have especially honored what Americans call ''our greatest generation''—the men and women who fought in WWII—and Mr. Davies is an