

training positions in primary care or limits the number of residency training positions allocated to specialty residency programs.

The results of the lack of Federal attention and policy are that nearly every teaching hospital in this country has expanded its specialty residency programs and that 40 percent of the primary care residencies in this country go unfilled. Why has this occurred? The answer is simple: Specialty training programs generate significantly more income for hospitals than do programs in general internal medicine, general pediatrics, or family and preventive medicine.

In New Mexico, I am pleased to say, we are bucking this trend. Our State's sole medical school and teaching hospital, both at the University of New Mexico in Albuquerque, have strong reputations in primary care. In fact, University Hospital has one of the most extensive primary care residency training programs in the country. A full 30 percent of its residents—compared to the national average of about 17 percent—are in primary care. But one teaching hospital committed to primary care cannot meet the entire Nation's need. It cannot meet the need today, and it certainly cannot meet the Nation's projected future need.

Mr. President, medical schools and teaching hospitals like the University of New Mexico Medical School and University Hospital are the foundation of every health care reform proposal I have seen that advocates universal access to health care. This is because every one of these proposals relies heavily on the use of primary care providers. Strategies for assuring that we have the necessary number of primary care providers make it essential that we greatly expand the number of primary care doctors we train. In my view, public financing of graduate medical education is the most explicit mechanism we have for achieving this goal. Therefore, I am proposing a plan for allocating at least 50 percent of all Federal graduate medical education funds to primary care training programs. Further, because rural Americans rely on primary care providers for the majority of their health care and because a physician's training location frequently determines his or her practice location, I am advocating that funding for graduate medical education be allocated according to national, State, and regional needs.

More specifically, the Graduate Reform Opportunities and Workforce Training in Health Act [GROWTH] will:

First, Reform Medicare Graduate Medical Education Funding: To refocus Federal health care work force priorities on primary care:

Limit the total number of medical residents whose training is supported with Medicare graduate medical education funds to 110 percent of the graduates of U.S. medical schools for calendar year 1994;

Over 3 years, limit the total number of specialty residency positions supported with Medicare GME funds to 50 percent of the total number of federally funded residency positions;

Provide a higher weight, 1.5, for each resident placed in a rural area for purposes calculating direct medical education payments, as compared to a resident placed in a nonrural setting, 1.0; and

Establish a national average direct medical education payment so that residency training programs are equitably funded.

Second, evaluate and coordinate the health care work force: To accurately assess and monitor our Nation's health care work force needs, this legislation will:

Establish a national board to recommend to the Secretary of HHS those residency training programs and consortia that should receive GME funds; every 3 years, evaluate the need to adjust the limits on the total residency positions and specialty residency positions supported by GME; and monitor and assess current and projected health care work force needs;

Authorize the National Academy of Sciences to prepare a report on the current and project health care work force needs; and

Create a health work force inter-agency task force to review and coordinate all health work force development and training efforts supported by the Federal Government and make recommendations to the Secretaries of HHS and Education concerning vocational education policies and the health care work force.

Third, primary care in rural and other underserved areas: In addition to the priorities established for graduate medical education funding, this legislation will amend the Public Health Service Act to:

Support training programs in medical schools that recruit students from rural underserved areas and increase rural candidate participation in the National Health Service Corps and other Federal scholarship programs;

Support programs to: Improve rural practitioner training through curricula development and faculty role models; increase numbers of underrepresented minorities in rural health care settings; promote health care infrastructure development in rural settings, including the development of state-of-the-art telecommunications and network systems that will link health care providers with academic health centers; foster State and regional locum tenens programs in rural health settings; and

Support program that: Encourage interdisciplinary team approaches to health care training and practice in rural settings; evaluate the cost-effectiveness of retraining physicians previously trained in oversubscribed specialties; and increase opportunities for nurse practitioners, clinical nurse spe-

cialists, and physician assistants in tertiary care centers.

Mr. President, as the Nation sets its sights on a coordinated health care system that assures universal access to care, we must not overlook critical work force issues. As a Senator from New Mexico, I am particularly concerned that we not overlook the impact our decisions will have on rural America. With thoughtful planning, however, I am confident we can develop a national medical education policy that lays the foundation of primary care and assures access to this care in areas traditionally underserved. Such a policy will go a long way toward reducing the high health care costs associated with specialty care and will enhance the health and well-being of Americans everywhere. I urge my colleagues to work with me toward this goal.

By Mr. HARKIN (for himself, Mr. DURENBERGER, Mr. KENNEDY, Mr. JEFFORDS, Mr. METZENBAUM, Mr. SIMON, Mr. WELLSTONE, and Mr. WOFFORD):

S. 1283. A bill to amend the Technology-Related Assistance for Individuals With Disabilities Act of 1988 to improve the act, and for other purposes; to the Committee on Labor and Human Resources.

THE TECHNOLOGY-RELATED ASSISTANCE ACT  
AMENDMENTS OF 1993

Mr. HARKIN. Mr. President, I rise today on behalf of myself, Senators DURENBERGER, KENNEDY, JEFFORDS, METZENBAUM, SIMON, WELLSTONE, and WOFFORD to introduce the Technology-Related Assistance Act Amendments of 1993.

Mr. President, I want to take this opportunity to thank a number of individuals and groups for their assistance in the development of this bill. First, I want to thank Senator DURENBERGER and his staff. Senator DURENBERGER deserves to be acknowledged for his work to resolve the issues presented during this reauthorization.

We also enjoyed the support and constructive guidance of the staff of the Department of Education. The subcommittee staff and the administration's staff met numerous times over the past months to work out the details of the changes that are being made by the bill.

As we worked on the reauthorization of this legislation, we also had the assistance of many organizations, groups, and individuals. In particular, I want to express my gratitude to the task force on technology of the Consortium for Citizens with Disabilities and the State technology project directors whose thoughtful commentary and ideas have been so helpful.

Title I of the act provides grants to the States for the development and implementation of consumer-responsive comprehensive statewide program of technology-related assistance for individuals of all ages with disabilities. Title II of the act provides funds for a variety of programs of national signifi-

cance. The discretionary activities authorized under title II include training and public awareness projects, model projects for delivering assistive technology devices and assistive technology services, model research and demonstration projects such as projects to increase the availability or reliability of assistive technology devices, and income-contingent direct loan demonstration projects.

Throughout the reauthorization process, we have worked with the various groups interested in this legislation to incorporate in the bill the knowledge that has been gained from the experiences of the State technology projects that have been developed and implemented since 1989. Dr. William Smith, acting assistant secretary for special education and rehabilitative services, testified before the Subcommittee on Disability Policy regarding the evaluation of the program conducted by the Research Triangle Institute of North Carolina:

A key finding was that the States had not yet succeeded fully in establishing comprehensive, consumer-responsive, statewide systems to provide technology-related assistance to persons with disabilities. However, the report indicated there had been enough progress to suggest that, with additional time and Federal support, the States would be able to make significant progress. . . . The study also found that States have not been focused uniformly on undertaking those systems change activities that hold the most promise of facilitating the implementation of a comprehensive statewide system.

In addition, Dr. Smith testified that the study found a need for improvement in the ability of the programs to be consumer-responsive and to reach traditionally underserved groups, including those who are elderly, those who reside in rural areas, and those who are not English-speaking.

The subcommittee heard the stories of persons who have been able to access the assistive technology to improve their ability to participate in and contribute more fully to activities in their home, school, and work environments. Rachel Marie Esparza, from Mendota Heights, MN, testified before the Subcommittee using an augmentative communication device:

I am 9 years old and will be in fourth grade at Mendota School next year. I use lots of technology every day. At school I use a computer with a special keyboard. I do all my work on it. At home I use a computer to do my homework and to play games with my friends. I usually drive a powered wheelchair. . . . I have special switches that turn on lights and that help me cook with my Mom. I go places in a van with a lift on it. Without my van, I couldn't go to T-ball or my swimming and horseback riding lessons.

Casey Hayse, from Iowa City, IA, described how the technology project in Iowa has assisted in securing assistive technology devices:

One individual who attended an [Iowa Program for Assistive Technology] training session was directed to investigate different types of technology to assist individuals with visual impairments. This individual dis-

covered an advanced type of lens for eyeglasses which provided less distortion and better vision and depth perception. With help from IPAT, he developed a strategy to access funding for these advanced eyeglasses through the Iowa Department of Vocational Rehabilitation. . . . As a result of his improved vision and depth perception with the new glasses, he was able to acquire a driver's license for the first time at age 26.

Unfortunately, not all individuals with disabilities are able to get the necessary assistive technology. Jenifer Simpson, Co-Chair of the Consortium for Citizens with Disabilities Task Force on Technology, testified regarding the difficulties she has had in securing assistive technology for her son, Joshua.

. . . Joshua's Individualized Education Plan specifies that he needs an Augmentative Communication Device in order to reach literacy and communication goals and to be able to talk to his pals and teacher at school. This . . . has been written into his IEP for the past four years. So far it has NOT been funded by the school system or by any other public agency. . . . [I]f we had a tech act program . . . it is possible that Joshua would have had his Augmentative Communication Device today and he would be the one testifying. Unfortunately, though not silent, he is in essence, silenced because there is no systemic initiative to ensure that this need is being met.

I am especially pleased to sponsor the Technology Act Amendments of 1993 authorizing the continuation of these State projects to bring about changes in the systems that provide access to and funding for assistive technology for persons with disabilities. While the Americans with Disabilities Act opens the doors of opportunity for people with disabilities, the Technology-Related Assistance Act fulfills the need to improve access to and funding for assistive technology so that these individuals can control their own lives and be fully included in all aspects of our society.

This bill reauthorizes the Technology-Related Assistance for Individuals with Disabilities Act of 1988. There are six basic purposes for this legislation. They were:

To ensure the Federal support necessary to allow the States to successfully complete the systemic change process begun under the Technology-Related Assistance Act of 1988;

To clarify that the focus of the State projects should be on systemic change and advocacy activities;

To promote systemic change through individual advocacy by ensuring that individuals with disabilities have access to protection and advocacy services to secure their rights to assistive technology devices and assistive technology services;

To emphasize the importance of consumer involvement in all aspects of the program;

To increase the accountability of the program in the development and implementation of consumer-responsive comprehensive statewide programs of technology-related assistance;

To authorize the necessary technical assistance on a national level to the State projects and to individuals with disabilities and other interested parties; and

To provide a basis for improved information systems and data collection on assistive technology through the development of a national classification system.

The changes made to the purpose section of the Act are illustrative of the changes made throughout the act by this bill. The bill amends the purposes section to specify that the purpose of the act is to provide assistance to the States to support systemic change and advocacy activities designed to develop and implement a consumer-responsive comprehensive Statewide program of technology-related assistance for individuals of all ages with disabilities. The bill reorders the current purposes to emphasize the importance of several of the purposes related to systemic change, consumer responsiveness, interagency coordination, advocacy, and transition of assistive technology between service settings. The reordering of the purposes clarifies that the primary purpose of the projects is to increase the availability of, funding for, access to, and provision of assistive technology devices and assistive technology services.

Following are the amended purposes and policy of the Technology-Related Assistance Act:

Section (2)(b)(1). PURPOSES.—To provide financial assistance to the States to support systemic change and advocacy activities designed to assist each State in developing and implementing a consumer-responsive comprehensive statewide program of technology-related assistance, for individuals of all ages who are individuals with disabilities, that is designed to—

(A) increase the availability of, funding for, access to, and provision of assistive technology devices and assistive technology services for individuals with disabilities;

(B) increase the active involvement of individuals with disabilities, and the parents, family members, guardians, advocates, and authorized representatives of individuals with disabilities in the planning, development, implementation and evaluation of such a program;

(C) increase the involvement of individuals with disabilities and, if appropriate, the parents, family members, guardians, advocates, or authorized representatives of individuals with disabilities, in decisions related to the provision of assistive technology devices and assistive technology services;

(D) increase and promote interagency coordination among State agencies, and between State agencies and private entities, that are involved in carrying out activities under section 101, particularly providing assistive technology devices and assistive technology services, that accomplish a purpose described in another subparagraph of this paragraph;

(E)(i) increase the awareness of laws, regulations, policies, practices, procedures, and organizational structures, that facilitate the availability or provision of assistive technology devices and assistive technology services; and

(ii) facilitate the change of laws, regulations, policies, practices, procedures, and organizational structures, that impede the

availability or provision of assistive technology devices or assistive technology services;

(F) increase the probability that individuals of all ages who are individuals with disabilities will, to the extent appropriate, be able to secure and maintain possession of assistive technology devices as such individuals make the transition between services offered by human service agencies or between settings of daily living;

(G) enhance the skills and competencies of individuals involved in providing assistive technology devices and assistive technology services;

(H) increase awareness and knowledge of the efficacy of assistive technology devices, and assistive technology services, among—

- (i) individuals with disabilities;
- (ii) the parents, family members, guardians, advocates, or authorized representatives of individuals with disabilities;
- (iii) individuals who work for public agencies, or private entities (including insurers), that have contact with individuals with disabilities;
- (iv) educators and related services personnel;
- (v) employers; and
- (vi) other appropriate individuals and entities;

(I) increase the capacity of public and private entities to provide and pay for assistive technology devices and assistive technology services, on a statewide basis for individuals of all ages who are individuals with disabilities; and

(J) increase the awareness of the needs of individuals with disabilities for assistive technology devices and assistive technology services.

Section 2(c). POLICY.—It is the policy of the United States that all programs, projects, and activities receiving assistance under this Act shall be carried out in a manner consistent with the principles of—

- (1) respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based on informed choice, of individuals with disabilities;
- (2) respect for the privacy, rights, and equal access (including the use of accessible formats), of the individuals;
- (3) inclusion, integration, and full participation of the individuals;
- (4) support for the involvement of a parent, a family member, a guardian, an advocate, or an authorized representative if an individual with a disability requests, desires, or needs such support; and
- (5) support for individual and systemic advocacy and community involvement."

By Mr. HARKIN (for himself, Mr. DURENBERGER, Mr. KENNEDY, Mr. JEFFORDS, Mr. METZENBAUM, Mr. SIMON, Mr. WELLSTONE, and Mr. WOFFORD):

S. 1284. A bill to amend the Developmental Disabilities Assistance and Bill of Rights Act to expand or modify certain provisions relating to programs for certain individuals with developmental disabilities, Federal assistance for priority area activities for individuals with developmental disabilities, protection and advocacy of individual rights, university affiliated programs, and projects of national significance, and for other purposes; to the Committee on Labor and Human Resources.

THE DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT AMENDMENTS OF 1993

Mr. HARKIN. Mr. President, I rise today on behalf of myself, and Senators DURENBERGER, KENNEDY, JEFFORDS, METZENBAUM, SIMON, WELLSTONE, and WOFFORD to introduce the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1993.

I want to acknowledge Senator DURENBERGER, the ranking member of the Subcommittee on Disability Policy, for his wisdom and counsel during this process. He and his staff have worked long and hard on this bill and they deserve credit for their commitment to the consensus building process. I would also like to thank Senator KENNEDY, the Chair of the Committee on Labor and Human Resources, and Senator KASSEBAUM, the ranking member of the full committee for their support. In addition, we enjoyed input from a number of our distinguished colleagues here in the Senate from both sides of the aisle.

As we worked on the reauthorization of this legislation, we had the assistance of many organizations, groups, and individuals. In particular, I want to express my gratitude to the developmental disabilities task force of the Consortium for Citizens with Disabilities. This task force is made up of 21 organizations with members across the country. Their thoughtful comments and ideas have been so helpful in this process.

We worked with the various groups to develop a consensus bill that would incorporate current principles about people with disabilities. In his testimony on behalf of the Consortium for Citizens with Disabilities before the Subcommittee on Disability Policy, Steve Eldelman, of the Joseph P. Kennedy, Jr. Foundation described these current principles:

With the passage of the landmark Americans with Disabilities Act, we, as a nation, affirm the rights of all Americans to live independent, productive lives. The reauthorization bill builds on these principles of inclusion and self-determination.

The Developmental Disabilities Assistance and Bill of Rights Act is a systems change, capacity building, and advocacy act. This legislation was first passed in 1970, and was most recently reauthorized in 1990.

The act has four components: The basic State grant program, carried out through the State developmental disabilities councils; protection and advocacy systems; university affiliated programs; and projects of national significance. I am pleased to sponsor the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1993 which reaffirms the thrust of the four components of the act.

The subcommittee heard the stories of individuals who have benefited from programs authorized under this bill. Debra Turner lived in an institution from age 4 to age 33; 4 years ago she moved from the institution into the community. She receives community

services and support provided through a special program of the university affiliated program, Kennedy Kreiger Institute at Johns Hopkins University. Ms. Turner was accompanied by her roommate, and the team leader at the university affiliated program, Ms. Nancy Weisenmiller. Ms. Weisenmiller summarized the changes in Ms. Turner's life since moving to community. " \* \* \* Debra has been afforded the opportunity to move from locked buildings, no decisionmaking power, and no choices, to an individual living in a townhouse, taking GED classes, voting in the last Presidential election, and attending church every Sunday, which is her favorite thing to do." Ms. Turner talked about her life and showed slides of her townhouse, her church, and a restaurant where she used to work. She also showed slides of herself dusting her elephant collection, studying for her GED, and relaxing in a hot tub. Ms. Turner said that what she likes the most about living in the community is: "Just being able to go out for breakfast or lunch on your own."

Ms. Sue Swenson of Minneapolis, MN, also testified before the subcommittee. She is the mother of three sons, including Charlie who has severe disabilities. Ms. Swenson and her family experienced what many families experience when they have a child with severe disabilities.

We listened to all the pity and the platitudes, which only seemed to make things worse. We struggled. We couldn't find anybody willing to care for a baby with disabilities, so one of us had to be home all the time. As time went on and Charlie got bigger, we avoided taking our boys out, even to the park, because we couldn't cope with all of the prayers, pity, stares, and outright hostility we encountered. We worked very hard on therapies, silently hoping that Charlie would "get better" so we could go back to the real world.

In her testimony, Ms. Swenson described a program developed by the Minnesota Developmental Disabilities Planning Council that has had a tremendous impact on her family's life. The program is an intensive training program called Partners in Policy-making, which is now offered by State developmental disabilities councils or university affiliated programs in 20 States.

We learned the history of the disability rights movement \* \* \* about independent living, supported employment, and family support. \* \* \* We learned about personal futures planning \* \* \* what Congress was working on. They told us about the ADA. They helped sharpen our vision of living in a world with no restrictive environments. They challenged us to find our own path, our own beliefs, our own commitments. \* \* \* We learned that we are the most reliable experts about what our kids needed, and about what we needed if we had a disability ourselves. \* \* \* I don't remember how it happened but slowly I became aware that I was no longer working on fixing Charlie so my family could "go back" into the real world. Now I was working on changing the attitudes of all these ordinary people, so they would see the value of communities which include people with disabilities and all people. I was