training positions in primary care or limit 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 are supported by the Federal Government. 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 are in primary care. But one teaching hospital committed to primary care is not enough. The Nation's need. It cannot meet the need today, and it certainly cannot meet the Nation's projected future need.

In New Mexico, I am pleased to say, 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.

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

- Over 3 years, limit the total number of specialty residency positions supported by Medicare Graduate Medical Education funds to 1 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 consultants 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 the projected health care work force needs;
- Authorize the National Academy of Sciences to prepare a report on the current and projected health care work force needs; and
- Create a health care work force interagency 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 and teaching hospitals for alloacting 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.

- Mentor programs, the Graduate Ref orm 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 by Medicare Graduate Medical Education funds to 1 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
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concern. The discretionary activities authorized under title II include training and public awareness projects, model projects for delivering assistive technology services, demonstration projects, and technology services, model research and demonstration projects such as projects to increase the availability or reutilization 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 1986. Dr. William Smith, acting assistant secretary for special education and rehabilitation 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 fully developed 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 understanding 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 capacity of the programs to be consumer-responsive and to reach traditionally underserved groups, including those who are elderly, those with special needs, those with mental health disabilities, and those who are not English-speaking.

The subcommittee heard the stories of persons who have been able to access the technology to improve their ability to participate in and contribute more fully to activities in their home, school, and work environments. Rachel Marie Esparza, of Mendota Heights, MN, testified before the Subcommittee on Disability Policy that, as a result of the Act, she was able to secure 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 past year, he was Writing into his IEP for the past four years. So far it has NOT been funded by the school system or by any other public source. If 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 systematic 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 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 designed to promote systemic change through individual advocacy by ensuring that individuals who are involved in carrying out activities described in another subparagraph of section 2(a) are involved in decisions related to the provision of assistive technology devices and assistive technology services.

To authorize the necessary technical assistance on a national level to the States to implement 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 purpose section to specify that the purpose of 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:

(A) Purpose.—To provide financial assistance to the States to support systemic change and advocacy activities designed to promote systemic change through individual advocacy by ensuring that individuals who are involved in decisions related to the provision of assistive technology devices and assistive technology services are involved in decisions related to the provision of assistive technology devices and assistive technology services.

(B) Increase and promote interagency coordination among State agencies, and between State agencies and private entities, that are involved in the activities of Section 2(a), particularly providing assistive technology devices and assistive technology services.

(C) Increase the availability of, funding for, access to, and provision of assistive technology devices and assistive technology services for individuals with disabilities and other interested parties.

(D) 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.

(E) 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.

(F) 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, that accomplish a purpose described in another subparagraph of this paragraph.

(G) 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.

(H) Facilitate the change of laws, regulations, policies, practices, procedures, and organizational structures, that impede the
availability or provision of assistive
technology devices and assistive technology services;
(P) 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 devices make the transition between settings of daily living possible, thereby assisting one another and receiving assistance and service in their home, neighborhood, or community. She receives community services and support provided through a special program of the university affiliated program, Kennedy Krieger 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 living.

The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1983

Mr. HARKIN, Mr. President, I rise today on behalf of myself, and Senators DURENBURGER, KENNEDY, JEFFORDS, MENZEL, MR. SIMON, WELSTONE, and WOFFORD to introduce the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1983.

I want to acknowledge Senator DURENBURGER, 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 in the Senate from both sides of the aisle.

As we worked on the reauthorization of this legislation, we had the assistance of many individuals, interest groups, employers, parents, advocates, 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, Senator KASSEBAUM, the ranking member of the Senate 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 in the Senate from both sides of the aisle.

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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, Senator KASSEBAUM, the ranking member of the full committee, described these principles:

With the passage of the landmark Americans with Disabilities Act into law, all Americans have affirmed 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 system 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; second, protection and advocacy systems; third, university affiliated programs; and fourth, projects of national significance.

Under this bill, Debra Turner lived in an institution from age 4 to age 30. 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 Krieger 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 living.

"** 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 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 when she thinks about what she most enjoys about living in the community, she says, "*Just being able to go out for breakfast or lunch on your own."

Ms. 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.

She 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, 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, hoping that Charlie would 'get better' so we could go back to the real world.

In her testimony, Ms. Swenson described a program designed through 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 future planning ** what Congress was working on. They told us about the ADA. They helped sharpen our understanding of the world with no restrictive environments. They challenged us to find our own way, our own path, our own course. Our own course. We learned that we are the most reliable experts about what our kids needed, and about what we and they want for their lives. ** We also learned **

By Mr. HARKIN (for himself, Mr. DURENBURGER, Mr. KENNEDY, Mr. JEFFORDS, Mr. MENZEL, Mr. SIMON, Mr. WELSTONE, 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 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 1983

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