

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