

He has been married for 44 years to his beloved Cecile. It is partly to spend more time with her that he is leaving us and I can think of no more compelling reason.

Although most Democrats may not realize it, JIMMY QUILLEN is one of the few Members with an assigned seat on the House Floor. He sits in the second seat in the second row from which he discussed his trademark wisdom and anecdotes. Anyone who tries to sit in that seat supposedly learns very quickly that it is not theirs to use.

But it has not only been in the Congress where JIMMY QUILLEN made his mark. I'm told that nearly every single road, medical school, and institution in eastern Tennessee is named after JIMMY QUILLEN. And, after 34 years of unparalleled service to the people of the First District of Tennessee, JIMMY deserves every accolade he gets.

Like many of my colleagues, I always admired JIMMY QUILLEN. I heard the story of his taking his office door off the hinges to represent his open-door policy when we was first elected and it has served as a great inspiration to me and to many of my colleagues as we work to emulate his great record of constituent service.

He has been a distinguished hard-working, kind member of the Rules Committee and although I often wished he were arguing on our side, he has been a very worthy adversary and he will be sorely missed.

Mr. Speaker, it has been a great honor serving with JIMMY QUILLEN on the Rules Committee and I join the entire Congress in wishing him well in his retirement.

CONSTITUTION WEEK, SEPTEMBER  
17-23, 1996

HON. JAN MEYERS

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 1996

Mrs. MYERS of Kansas. Mr. Speaker, September 17 to 23 is Constitution Week. On behalf of the Daughters of the American Revolution I take pride in reminding my colleagues and all Americans to take a few minutes to reflect on that great document written and ratified 209 years ago this week.

The Constitution of the United States of America is an enduring safeguard of our freedom. Its Framers knew then that personal liberty is inherent in every human, but that a careful balance between that liberty and social order was the key ingredient of a strong nation. Our Republic's longevity throughout the crucible of history is testament to their success at achieving that balance in our basic framework. Our generation will be judged by future generations on how well we maintain that delicate balance, not forgetting that with our unparalleled freedoms, each of us also shoulders unparalleled responsibilities.

My heartfelt thanks go to the Prairie Rose Chapter of the Kansas Society of the Daughters of the American Revolution for their distinguished service to our Nation by helping to make every American aware of the foundation of our glorious freedom. Hopefully, through the efforts of patriotic Americans such as they, our enhanced knowledge of our own Constitution will help make us a stronger and more cohesive nation.

APPOINTMENT OF CONFEREES ON  
H.R. 3666, DEPARTMENTS OF VET-  
ERANS AFFAIRS AND HOUSING  
AND URBAN DEVELOPMENT, AND  
INDEPENDENT AGENCIES APPROPRIATIONS ACT, 1997

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 1996

Ms. DeLAURO. Mr. Speaker, I rise in strong support of the motion to instruct the conferees on H.R. 3666, Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act of 1997, which the House passed on September 11, 1996. The issues of parity for mental health coverage and allowing a 48 hours hospital stay for newborns and mothers following child birth are extremely timely and relevant.

As an active participant in the fight for health care reform, I continue to believe that all Americans should have the security of knowing that they will have health care coverage—regardless of their health or economic status.

Perhaps no group of individuals has faced more discrimination by our Nation's health care system than those with mental illnesses. In the past 15 years, a revolution has occurred in neurobiology that has clearly documented that many of these severe mental illnesses are, in fact, physical illnesses. These physical disorders of the brain—neurobiological disorders—are characterized by neuroanatomical and neurochemical abnormalities. Controlled clinical research undertaken by scientists across the Nation have produced a body of irrefutable scientific evidence documenting the physical nature of these disorders.

Despite this, individuals with neurobiological disorders and their families continue to face discrimination and stigmatization by health insurance plans and society at large. I have visited with families who have had to cope not only with the emotional pain of dealing the neurobiological disorders, such as schizophrenia and autism, but the financial hardship as well.

Health insurance coverage for mental disorders is often limited to 30 to 60 inpatient days per year, compared with 120 days for physical illnesses; copayments, which are usually about 20 percent for physical illnesses, are often raised to 50 percent. Because of these arbitrary limits on coverage, individuals and families affected by these disorders are faced with onerous financial burdens. These people deserve the same kind of care and treatment that is available to those who suffer from other severe illnesses such as cancer, diabetes, or heart disease.

Families who are faced with severe mental illnesses should not be placed in a different category—financially burdened, stigmatized, and treated as if they had done something wrong.

On June 8, 1995, I introduced the Equitable Health Care for Neurobiological Disorders Act of 1995. My bill would help these individuals and their families by requiring nondiscriminatory treatment of neurobiological disorders. Health care plans would be required to provide coverage that is not more restrictive than coverage provided for other major physical illnesses and that is consistent with effective

and common methods of controlling health care costs—such as copayments and deductibles. My bill also stipulates specific benefits that must be provided and assesses a penalty on those plans that do not comply with the Act's requirements.

I believe that the provisions included in the Senate's version of the VA/HUD appropriations bill is a strong start toward achieving equity for those who truly suffer from mental illness. Requiring equal health coverage for these disorders is not just important to individuals suffering from neurobiological disorders and their families. It is also important to the Nation. According to the National Institutes of Mental Health, equitable insurance coverage for severe mental disorders will yield \$2.2 billion in net savings each year through decreased use of general medical services and a substantial decrease in social costs.

I also strongly support the provision included in the Senate VA/HUD appropriations bill requiring health plan coverage for a minimum hospital stay of 48 hours for newborns and mothers following childbirth.

I have spoken with Wilfred Reguero, M.D., the chairman of the St. Raphael OB/Gyn Department, and other hospital staff at a trip to St. Raphael's Hospital in my district. They told me of the dangers of early discharges for new mothers and their infants—discharges that are dictated by certain insurance companies, not doctors. The decision to discharge a new mother and her child should be based on medical criteria, not on the bottom line.

According to reports published by the University of California San Francisco and Dartmouth's Hitchcock Medical Center, a post-delivery hospital stay of 24 hours or less means infants are not adequately tested and monitored by medical professionals for conditions that appear in the first few days of life, including jaundice and excessive weight loss. The reports found that mothers also experience medical difficulties, including lactation difficulties, urinary tract infections, incisional pain and post-partum pain and depression.

I have cosponsored two bills H.R. 1948 and 1950 which would require health plans to provide maternity benefits for a minimum hospital stay for a mother and her newborn following the birth of her child. The bills do not mandate the length of hospital stays, but requires that longer stays are covered if deemed necessary by a woman, her family, and her physician. The legislation includes:

A minimum stay of 48 hours for vaginal deliveries and 96 hours for caesarean-section deliveries.

An exception for home births.

A requirement for health plans to provide written notice to enrollees regarding coverage included in the act.

I know that many States, including Connecticut, are pursuing similar laws, but we need Federal legislation to make sure that women who are covered by health insurance companies that are headquartered in other States are protected under the law. That's why I am so pleased that this legislation was included in the Senate VA/HUD appropriations bill and should be included in the final VA/ HUD appropriations bill as well.

I urge my colleagues to join me in supporting these instructions. Adoption of these policies will go a long way toward saving billions or dollars, eliminating the stigma and misunderstanding so often associated with