

students as they apply these leadership principles and become peer mentors and role models in our community.

**GULF ISLANDS NATIONAL
SEASHORE GRANT RECOGNITION**

HON. JEFF MILLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 27, 2005

Mr. MILLER of Florida. I rise today to recognize Gulf Islands National Seashore for receiving a grant from the National Park Foundation and Unilever.

Unilever's Recycling at Work competitive grants program funds enhancement projects such as seating, boardwalks, overlooks, pull-outs and educational/interpretive displays using sustainable lumber throughout the National Park System. The projects highlight the environmental leadership of the National Park Service in demonstrating how people may live more lightly on the land through the use of sustainable materials and techniques.

In Northwest Florida, Gulf Islands National Seashore is proud to be a part of this program. As a result of the generous grant, the park will construct the only accessible nature trail on the seashore. This trail will be a universal design boardwalk made of recyclable materials which will not only enhance the visitors' experience, but will also protect the fragile underbrush of the forest.

Mr. Speaker, this grant, in conjunction with the Florida National Trails Association's hard work and manpower, will greatly benefit all those who visit Northwest Florida's scenic wonders. I, along with Northwest Florida, am very appreciative of Unilever's generosity.

**INTRODUCING THE MEDICARE
MENTAL HEALTH MODERNIZA-
TION ACT OF 2005**

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 27, 2005

Mr. STARK. Mr. Speaker, I rise to introduce the Medicare Mental Health Modernization Act of 2005. Medicare's mental health coverage is woefully inadequate. Instead of the standard 20 percent coinsurance payment required of beneficiaries, mental health services require a 50 percent copayment. Further, only limited community-based treatments are covered and, unlike treatment for physical illness, there is a 190-day lifetime cap on mental health hospitalization days. The bill we are introducing today eliminates this blatant mental health discrimination under Medicare and modernizes the Medicare mental health benefit to meet today's standards of care.

One in five members of our senior population displays mental difficulties that are not part of the normal aging process. In primary care settings, over a third of senior citizens demonstrate symptoms of depression and impaired social functioning. Yet only one out of every three mentally ill seniors receives the

mental health services he/she needs. Older adults also have the highest rate of suicide of any segment of our population. In addition, mental illness is the single largest diagnostic category for Medicare beneficiaries on disability. There is a critical need for effective and accessible mental health care for the Medicare population. Recent research has found a direct relationship between treating depression in older adults and improved physical functioning associated with independent living. Unfortunately, the current structure of Medicare mental health benefits is inadequate and presents multiple barriers to access of essential treatment. This bill addresses these problems.

The Medicare Mental Health Modernization Act of 2005 is a straightforward bill that improves Medicare's mental health benefits as follows:

It reduces the discriminatory co-payment for outpatient mental health services from 50 percent to the 20 percent level charged for most other Part B medical services.

It eliminates the arbitrary 190-day lifetime cap on inpatient services in psychiatric hospitals.

It improves beneficiary access to mental health services by including within Medicare a number of community-based residential and intensive outpatient mental health services that characterize today's state-of-the-art clinical practices.

It further improves access to needed mental health services by addressing the shortage of qualified mental health professionals serving older and disabled Americans in rural and other medically underserved areas by allowing state licensed marriage and family therapists and mental health counselors to provide Medicare-covered services.

Similarly, it corrects a legislative oversight that will facilitate the provision of mental health services by clinical social workers within skilled nursing facilities.

It requires the Secretary of Health and Human Services to conduct a study to examine whether the Medicare criteria to cover therapeutic services to beneficiaries with Alzheimer's and related cognitive disorders discriminates by being too restrictive.

The push for mental health parity is ongoing. We've made important strides forward for the under-65 population. Twenty-three states have already enacted full mental health parity and the Federal Employees Health Benefits Plan was improved in 2001 to assure that all federal employees and members of Congress are provided mental health parity. In April 2002, President Bush called for Congress to enact legislation to provide equivalence for private sector health insurance coverage of mental and physical conditions (though he has yet to endorse any legislation to achieve that goal).

What has been too-often missing from this overall mental health parity debate is the fact that the Medicare program continues to fail to meet the mental health needs of America's seniors and those with disabilities. That's why we've introduced the Medicare Mental Health Modernization Act. That's also why this bill has received support from numerous mental health advocacy and provider organizations including: the National Alliance for the Mentally Ill, the Federation of Families for Children's Mental Health, the American Association of

Geriatric Psychiatry, the American Psychological Association, the American Association for Marriage and Family Therapy, the American Mental Health Counselors Association, and the Clinical Social Work Federation.

It is past time for us to take action with regard to Medicare's inadequate mental health benefits. Over the years, Congress has updated Medicare's benefits for treatment of physical illnesses as the practice of medicine has changed. The mental health field has undergone many advances over the past several decades. Effective, research-validated interventions have been developed for many mental conditions that affect stricken beneficiaries. Most mental conditions no longer require long-term hospitalizations, and can be effectively treated in less restrictive community settings. This bill recognizes these advances in clinical treatment practices and adjusts Medicare's mental health coverage to account for them.

The Medicare Mental Health Modernization Act of 2005 removes discriminatory features from the Medicare mental health benefits and helps facilitate access to up-to-date and affordable mental health services for our elderly and disabled. I encourage my colleagues to support its passage into law.

**HONORING THE CONTRIBUTIONS
OF STEVE LA MANTIA**

HON. HENRY CUELLAR

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 27, 2005

Mr. CUELLAR. Mr. Speaker, I rise to recognize the many accomplishments of Steve La Mantia, Junior Achievement of Laredo Business Hall of Fame Laureate.

Mr. La Mantia grew up in McAllen, Texas, with his three brothers and sisters. He describes himself as having "grown up farming" on his family's farm on Mines Road. From an early age, he loved sports, and the persistence and competition that sports embody have become guiding values in his life.

He graduated from McAllen high school, where he played football, and attended college at Texas A&M, where he served as a referee. As a businessman, Mr. La Mantia has been tremendously dedicated to giving back to the educational community. Since 1991, he has been raising money for the Hispanic Scholarship Fund. In 2002, his family founded STARS: South Texas Academic Rising Scholars. STARS now provides students from the lower 22 counties of South Texas scholarship money to attend the college of their choice.

Mr. La Mantia is one of his community's most successful businessmen, working as Vice President and part owner of L&F distributors in Laredo. His work is a testament to the power of family businesses to thrive and create growth for our communities.

Mr. Steve La Mantia is a loyal Texan, a dedicated volunteer and philanthropist, and an exemplary businessman. I am happy that he has been chosen to receive the Laredo Junior Achievement Hall of Fame award, and I am proud to have had the chance to recognize him here today.