percent a year who have preinvasive cancers. Devastatingly to the families involved, it is estimated that more than 44,000 women will die of breast cancer this year.

But all the news is not grim. Overall breast cancer mortality declined 5 percent between 1989 and 1993 due to increased mammography screening and improved treatments such as mastectomies, lumpectomies, and lymph node dissections.

There is no doubt that we have the medical know-how to fight breast cancer. The question is do we have the commitment it takes.

As long as we send a woman home 12 hours after losing a part of herself with no compassion and no support, then the answer is no.

As long as breast reconstruction is deemed cosmetic, then the answer is no.

As long as false negatives are acceptable and we, therefore, abandon a patient unknowingly in need, then the answer is no.

As long as we fail to come to the defense of doctors who are persecuted for practicing sound medicine, then the answer is no.

Passage of the Women's Health and Cancer Rights Act would demonstrate what we are lacking—the commitment to fight breast cancer and stand up for those who are suffering.

In closing, I am pleased that President Clinton emphasized the importance of this legislation in his State of the Union Address last night. It is nice to have the administration behind this critical legislation.

TRIBUTE TO YVONNE MARIE TAYLOR

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 5, 1997

Mr. TOWNS. Mr. Speaker, I rise today to acknowledge the untimely death of Yvonne Marie Taylor, who passed from this life much too quickly. She was the late wife of LeBaron Taylor.

Yvonne Taylor was born May 1, 1943 in Detroit, MI to her loving parents, Charles and Eldora Ridley. She was reared in a strong Christian environment and her faith guided her every action. A graduate of Northwestern High School in Detroit, she subsequently attended Central State University.

After returning to her native Detroit, she met and married LeBaron Taylor. During their 29-year marriage she was a faithful and loyal spouse. Yvonne was the consummate mother, unceasingly dedicated to her two children, Eric and Tiffani.

Talent and a commitment to hard work were the hallmark of Yvonne who worked as the administrative director of the Black Entertainment and Sports Lawyers Association. Her community and civic affiliations included membership in the South Jersey Chapter of Links, Inc., and For Women Only.

A member of Bethel AME Church in Moorestown, NJ, Yvonne Taylor maintained strength and faith even during her most trying days. May the memory of her bright spirit sustain her family and friends.

KEEPING FOREIGN MONEY OUT OF AMERICAN CAMPAIGNS

HON. MARCY KAPTUR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 5, 1997

Ms. KAPTUR. Mr. Speaker, news stories about fundraising during the 1996 Presidential campaign focused increasing national attention on the overwhelming need for campaign finance reform, and particularly the role of foreign money in U.S. campaigns.

The problem indeed is money. During the 1996 election, candidates for all Federal offices spent approximately $1.6 billion. That's ''B,'' as in billion. The pressure to raise huge sums of money is so intense that some candidates from both parties, apparently have started looking abroad for new sources of campaign contributions.

Since 1990, no matter which party controlled Congress, I have sponsored legislation that would ban foreign contributions to candidates for Federal office. Today, I'm reintroducing the Ethics in Foreign Lobbying Act of 1997.

My bill has three major points:

First, only U.S. citizens could contribute to Federal campaigns.

Federal law already purports to prohibit direct or indirect contributions by foreign nationals in U.S. elections. In fact, section 441e of the Federal Election Campaign Act [FECA] states:

> It shall be unlawful for a foreign national directly or through any other person to make any contributions of money or any other thing of value, or to promise expressly or impliedly to make any such contribution, in connection with an election to any political office or in connection with any primary election, convention or caucus held to select candidates for any political office; or for any person to solicit, accept, or receive any such contribution from a foreign national.

This provision was enacted in response to longstanding congressional concern over foreign influence in American elections. Though this language appears to be locktight, many loopholes permit foreign influence on U.S. elections, many foreign entities are not covered by the statute, and there is a lack of enforcement of the law. Congress must strengthen and make sure the law is fully enforced.

Second, foreign-controlled companies would be prohibited from contributing to Federal elections through the PAC's of their U.S. subsidiaries.

My bill would prohibit contributions from PAC's sponsored by corporations that are more than 50-percent foreign owned, as well as contributions from PAC's sponsored by trade associations that derive 50 percent or more of their operating funds from foreign corporations.

Foreign citizens are already prohibited from contributing to U.S. political campaigns. Yet, every year foreign interests spend millions of dollars to influence the American political process. This money often comes in the form of political action committee contributions from foreign-controlled corporations or their trade associations. Just as foreign individuals are prohibited from contributing to U.S. campaigns, so should be PAC's that are controlled by foreign corporations and trade associations, for, in fact, under U.S. law, corporations are considered persons.

Due to a loophole in the FECA, American subsidiaries of foreign-owned companies may operate PAC's—the only restriction being that the PAC cannot solicit funds from foreign nationals or permit them to be involved in the policymaking decisions of the PAC. Consequently, many of the world's largest foreign multinational corporations and financial institutions contribute to U.S. campaigns through their U.S.-based subsidiaries. Through the creation of these foreign-sponsored PAC's, foreign companies can thus assert their influence on the U.S. election process—and on U.S. policy.

Consequently, administration of the FECA law has created a confusing system whereby it is illegal for individual foreign nationals to make political contributions, yet legal for foreign-controlled or foreign-owned corporations, subsidiaries, and trade associations to contribute, expend funds, and influence U.S. elections. The Federal Election Commission [FEC] through its advisory opinions has twice voted to exempt PAC's representing U.S. subsidiaries of foreign-owned or controlled corporations, as long as the PAC's are funded and operated by Americans. The FEC has asked Congress to enact legislation clarifying this issue, but Congress, to date, has refused to do so.

Third, contributors would be required to disclose the percentage of foreign ownership.

The data collection and clearinghouse responsibilities section of my bill is one of its most important aspects, because of the current difficulty in identifying the activities of foreign nationals and corporations. The FEC has no coherent system for tracking the millions of dollars spent by foreign interests and their PAC's on lobbying the U.S. Government. The current, disjointed data collection system provides a veil of secrecy over how and where foreign interests spend their money.

My bill would make this mysterious and inadequate process both more transparent and more accountable—without requiring new reporting. My bill would merely add an extra line to the statement of organization that is currently required by the FEC. PAC's controlled by corporations would be required to state the percentage that the corporations are foreign-owned, and PAC's sponsored by trade associations would be required to state the percentage of their operating fund that is derived from foreign-owned corporations. In addition, it would require that all data collected by Federal agencies on foreign campaign contributions and foreign agents, as well as any testimony before the Congress regarding the interests of a foreign principal, be sent to the FEC.

Most important, my bill would make the disclosure of related expenditures available and visible at a central source by creating a clearinghouse for data that is currently collected, but is scattered among various Government agencies, including the FEC and the Department of Justice.

In establishing a clearinghouse, we would create a greatly needed central point for collecting information. Most of the information is already available, but it is housed in a myriad of Federal agencies and offices. Bringing the information together under one roof will provide the Government, the Congress, and the public with improved access to the data. The timing requirement for reporting conforms with the quarterly reports required in the 1946 Foreign Lobbying Act. The reporting requirements

place the burden of reporting the percent of foreign ownership on the PAC's themselves, with penalties for noncompliance.

The United States is one of very few countries that allows foreign interests to contribute to its campaigns. Most of our major trading competitors—for example, China, Japan, South Korea, Thailand, Malaysia, and Mexico—all strictly forbid foreign campaign contributions. There is no reason why the United States should be any different.

In the interest of protecting our sovereignty and maintaining a political system that reflects the will of the American people, the United States since 1938 has attempted to restrain the ability of foreign governments, individuals, organizations, and corporate entities to influence our domestic political system. By amendment, first to the FARA and later to the Federal Election Campaign Act [FECA], the United States has sought to prevent campaign contributions and expenditures by foreign interests.

There is no reason to allow foreign money to influence our elections or permit foreign interests to buy access to our elected lawmakers and thereby put their imprint on public policy in this country.

Mr. Speaker, clearly the time for campaign finance reform has come. Our system needs to be fixed. We must eliminate foreign money from our political system once and for all and regain sovereignty in our election system, which is the cornerstone of our democracy.

This time Congress must act and must get it right.

NATIONAL MENTAL HEALTH IMPROVEMENT ACT OF 1997

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 5, 1997

Mr. STARK. Mr. Speaker, today I am introducing the National Mental Health Improvement Act of 1997. This bill will provide parity in insurance coverage of mental illness and improve mental health services available to Medicare beneficiaries. It represents an urgently needed change in coverage to end discrimination against those with mental illness and to reflect the contemporary methods of providing mental health care and preventing unnecessary hospitalizations.

My bill prohibits health plans from improving treatment limitations or financial requirements on coverage of mental illness, if similar limitations or requirements are not imposed on coverage of services for other health conditions. The bill also expands Medicare part A and part B mental health and substance abuse benefits to include a wider array of settings in which services may be delivered. It eliminates the current bias in the law toward delivering services in general hospitals by permitting services to be delivered in a variety of residential and community-based settings. Through use of residential and community-based services, costly inpatient hospitalizations can be avoided. Services can instead be delivered in settings which are most appropriate to an individual's needs.

In 1993, as a nation, we spent approximately $67 billion for the treatment of mental illness and another $21 billion for substance abuse disorders. Medicare expenditures in these areas for 1993 were estimated at $3.6 billion or 2.7 percent of Medicare's total spending. Over 80 percent of that cost was for inpatient hospitalization.

In addition to the direct medical costs associated with the treatment of mental illness, there are significant social costs resulting from these disorders. Treatable mental and addictive disorders exact enormous human, social, and economic costs—individual suffering, breakup of families, suicide, crime, violence, homelessness, impaired performance at work, and partial or total disability. It is estimated that mental and addictive disorders cost the economy well over $300 billion annually. This includes productivity losses of $150 billion, health care costs of $70 billion, and other costs, e.g. criminal justice, of $80 billion.

Two to three percent of the population experience severe mental illness disorders. Many more suffer from milder forms of mental illness. Roughly 1 out of 10 Americans suffer from alcoholism or alcohol abuse and 1 out of 30, from drug abuse. This population is very diverse. With appropriate treatment, the mental health problems of some people can be resolved. Others have chronic problems that can persist for decades. Indeed, there are those who battle mental illness their entire lives. Mental illness and substance abuse disorders come in many forms and include many different diagnoses as well as ranges in levels and duration of disability. Still, these disorders do not have full parity in coverage by insurance plans.

In the last congressional session, parity in the treatment of mental illness was a widely and hotly debated issue. The final version of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997 included Title VII—Parity in the Application of Certain Limits to Mental Health Benefits. This represents a start in creating solutions to address a problem that has been ignored far too long. But it's not enough. The act essentially states that if a health insurance plan or coverage does not include an aggregate lifetime limit on substantially all medical and surgical benefits, the plan or coverage may not impose any aggregate annual or lifetime limit on mental health benefits. Additionally, in the act, ''mental health benefits'' refers to benefits with respect to mental health services, as defined under the terms of the plan or coverage, but does not include benefits with respect to treatment of substance abuse or chemical dependency.

Furthermore, the Act included exemptions in coverage requirements for small employers. If an employer has at least 2 but not more than 50 employees, they can be exempt from the new coverage requirement. Finally, if a group health plan experiences an increase in costs of at least 1 percent, they can be exempted in subsequent years. The inclusion of title VII into the VA—HUD bill is important because it represents a starting place. But now we must do more.

My bill today addresses two fundamental problems in both public, as well as private, health care coverage of mental illness today. First, despite the prevalence and cost of untreated mental illness, we still lack full parity for treatment. The availability of treatment, as well as the limits imposed, are now linked to coverage for all medical and surgical benefits. Whatever limitations exist for those benefits will also apply to mental health benefits.

Let's not forget the small employers either. If a company qualifies for the small employer exemption, the insurance companies will be able to set different, lower limits on the scope and duration of care for mental illness compared to other illness. This means that people suffering from depression may get less care and coverage than those suffering a heart attack. Yet, both illnesses are real.

Additionally, access problems to mental health benefits can result from these restrictions. In general, about 50 percent of all health plans limit mental illness coverage in some form. Approximately 88 percent limit hospitalization to 30 to 60 days. Outpatient benefits are limited by visit or dollar amounts in 85.5 percent of medium to large plans and 70 percent of small plans. About 80 percent of all plans limit inpatient care in some form and 99 percent of plans limit outpatient coverage.

Access to equitable mental health treatment is essential. It can be done at a reasonable price. The increased costs in insurance premiums in the private sector is in the range of 3.2 to 4.0 percent. It is estimated that about $2.50 per month is the cost of fully offsetting the premium increase by an increase in the deductible. Two dollars and fifty cents is a small price to pay for ending health care discrimination.

Second, the diagnoses and treatment of mental illness and substance abuse has changed dramatically since the Medicare benefit was designed. Treatment options are no longer limited to large public psychiatric hospitals. The great majority of people can be treated on an outpatient basis, recover quickly, and return to productive lives. Even those who once would have been banished to the back wards of large institutions can now live successfully in the community. But the Medicare benefit package of today does not reflect the many changes that have occurred in mental health care.

This bill would permit Medicare to pay for a number of intensive community-based services. In addition to outpatient psychotherapy and partial hospitalization that are already covered, beneficiaries would also have access to psychiatric rehabilitation, ambulatory detoxification, in-home services, day treatment for substance abuse, and day treatment for children under age 19. In these programs, people can remain in their own homes while receiving services. These programs provide the structure and assistance that people need to function on a daily basis and return to productive lives.

They do so at a cost that is much less than inpatient hospitalization. For example, the National Institute of Mental Health in 1993 estimated that the cost of inpatient treatment for schizophrenia can run as high as $700 per day, including medication. The average daily cost of partial hospitalization in a community mental health center is only about $90 per day. When community-based services are provided, inpatient hospitalizations will be less frequent and stays will be shorter. In many cases, hospitalizations will be prevented altogether.

This bill will also make case management available for those with severe mental illness or substance abuse disorders. People with severe disorders often need help managing many aspects of their lives. Case management assists people with severe disorders by