From the beginning, I was deeply impressed at how hard Mayor Kendall fought to spare his municipality's residents from enduring this hardship again. With his guidance, we have this year secured the first $2.5 million of the total $7 million in federal funds necessary for this much-needed project.

Mayor Kendall has brought a strong, successful business experience to benefit Oakland and the whole of Bergen County. Born in Seattle, he is a graduate of Long Island University's CW Post College. He spent 35 years as a manufacturing executive, as director of business systems and planning at Smiths Industries and vice president of manufacturing at Phillips Electronic Instruments. He owns Creative Systems Consulting Co., which helps design and install computerized manufacturing systems, and is executive director of the Bergen County Workforce Investment Board. As executive director, he supervises all workforce-training activities in the county.

Kendall's career in elected office began in 1985, when he was elected to the Oakland Borough Council. He served seven years as a councilman, during which time he was elected Council President four times. He was elected mayor in 1992 and is currently in his second four-year term.

As Mayor, Kendall has held borough property tax increases to less than 1 percent per year. He has reduced the borough staff by six positions and directed an $8 million improvement in the town's water supply system without increasing water usage fees. Open space was increased to 20 percent of the borough's land area using a $3 million grant-loan package he arranged with the State. He has worked to improve roads and recreation facilities and to upgrade equipment and facilities for both the Fire Department and the first-aid organization. In 1995, he organized the First Night Oakland New Year's Eve celebration to mark the town's 300th anniversary, beginning a new annual tradition.

One of Mayor Kendall's most-appreciated accomplishments was the construction of the new Oakland Senior Citizens Center, which opened in 1991. Widely regarded as one of the finest seniors' facilities in Bergen County, the project began in 1988 when Mayor Kendall obtained a $150,000 grant from a local developer. He then led a $1 million fund-raising drive that resulted in the opening of the new center. This facility has served countless individuals and is a center of community life for older residents of Oakland. It is a source of civic pride for all Oakland families.

In every way, Mayor Kendall has brought the people of Oakland together as a community and as a family.

Mayor Kendall is an active member of the Northwest Bergen Mayors Association, the New Jersey Conference of Mayors, the Bergen County League of Municipalities and the New Jersey League of Municipalities. He has also served with the Lions Club, Knights of Columbus and the Rotary Club. He is also an assistant scoutmaster. He and his wife, Frances, will have been married 36 years this July and have three sons—John, Mark and Sean, John and his wife, Carla, have two sons, Christopher and Peter, while Mark and his wife, Rose, have three children, Biancia, Dalton and Madisyn.

Peter Kendall is a hard-working, dedicated public servant. His efforts to improve the quality of life in the community that has been his home are exemplary. I wish to add the recognition of the United States House of Representatives to that which he has received from the New Jersey Conference of Mayors.

THEATER MISSILE DEFENSE IMPROVEMENT ACT OF 1998

SPEECH OF

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, March 30, 1998

Mr. BENTSEN. Mr. Speaker, I rise today in support of this legislation, the Theater Missile Defense Improvement Act (TMD), H.R. 2786.

I strongly support this legislation to provide additional funding to rapidly improve U.S. theater missile defense programs. The need for this legislation is clear. Last year, U.S. and Israel intelligence reports revealed that Russia engaged in a transfer of missile technology to Iran. An unclassified CIA report to Congress released in June, 1997 confirmed that Russia supplied a variety of ballistic missile-goods to foreign countries including Iran. These missiles have an expected range of 1,300 to 2,000 kilometers within the range of Israel, Turkey, Saudi Arabia and 200,000 American military and civilian personnel.

In response to this threat, last year the House passed legislation, H.R. 2709, to deter Russian assistance to Iran's missile program by imposing sanctions on foreign companies that assist its missile development. However, in the six months since the passage of H.R. 2709, Iran has successfully tested a medium range missile engine, and North Korea and Iraq have continued to expand their missile capabilities. In addition, in the six years since 28 soldiers lost their lives in a SCUD attack in Dharan, Saudi Arabia, the U.S. still has not developed the ability to readily deploy defenses against sophisticated missile threats. The existing TMD systems were designed to repel older threats and have only limited capabilities against the newest generation of more capable missile systems.

While I fully respect the goals of the Nunn Lugar Cooperative Threat Reduction Program, which has provided assistance to Russia and other republics in dismantling and limiting the proliferation of nuclear weapons in the former Soviet Union, I am concerned that the third goal of this important program has been compromised. The third goal was to prevent the diversion of nuclear technology from the former Soviet republics to rogue states. The Israeli and U.S. intelligence reports confirm that Russia has violated the terms of the Nunn Lugar agreement, and I believe the rapid development of a deployable TMD system is needed to secure the interests of the United States and its allies, especially Israel, in the Middle East.

The bill authorizes the Secretary of Defense to identify actions the Defense Department could take to counter the threats enhanced missile programs pose to the United States, establish cooperative measures between Israel and the United States to protect Israel against such threats, and develop a program to counter such threats within the next one or two years. In addition, it would provide funding to ensure that the capabilities of U.S. TMD systems keep pace with missile development programs being undertaken by Iran, North Korea and other regional threats.

I believe that passage of this bill is vital to U.S. security and interests in the Middle East, and I urge my colleague to support its passage.

CAMPAIGN REFORM AND ELECTION INTEGRITY ACT OF 1998

SPEECH OF

HON. JIM KOLBE

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 30, 1998

Mr. KOLBE. Mr. Speaker, the American people must think this debate is quite disingenuous. They recognize that all our discussion about campaign reform is to take the debate away from the real problems—that some people broke the campaign laws. They took money from foreign interests; that is illegal under current law. They solicited money in government offices; that is illegal under current law. They sold access and privileges to high government officials; that is illegal under current law. Apparently, those people think if they talk ever more loudly about reforming the system, the American people will forget that they broke the laws we already have.

But no matter what brings us to this debate today, I think this bill—and the other three bills which make narrower reforms—does make some needed reforms. And I don't apologize that I am voting for partial reform because we can't get agreement on everything. If I have a toothache and a backache, I don't mind fixing the toothache even if that doesn't cure the backache.

Much has been said about illegal foreign money. Accepting money from foreign interests has always been illegal. But I agree with taking this further step to say that only those who are American citizens can give to the political candidates that only they can vote to elect. And if we are concerned that non citizens are voting, let's give our local election officials the ability to confirm that those who register are indeed citizens. Let the registrant check a box affirming that he or she is a citizen. That's neither discriminatory nor onerous.

My campaign committee tells me the new reporting requirements will be more difficult to comply with, but I support them. One of my contentions all along has been that more disclosure is good for open honest campaigns. The very best campaign finance reform is that which focuses on letting more sunshine into the process.

I strongly support the provision that requires unions or corporations to get permission from their employees before they use their workers' dues to support candidates. According to polling data, so do about three/fourths of the union members. Asking a union member for written permission to spend their hard earned dues dollars to support candidates cannot possibly be construed as denying workers their rights. They can agree with letting the union leadership make decisions about whom they support or they can keep it to spend as they wish. It gives them power over their own earnings; it does not deny them any right.

The underlying reform bill allows middle class candidates to run for office against millionaires by removing party and individuals

contribution limits so that parties can match a wealthy candidate's personal spending that goes beyond an individual contribution limit. No longer will the millionaire have a nearly insurmountable advantage.

This bill increases individual contribution limits to $2000 for a candidate for federal office. It does not increase PAC contribution limits. It bans soft money for federal parties and also for state parties in those cases where they are joint federal and state elections.

Certain reforms I support are not here; I favor a requirement that candidates must raise half of their campaign funds in their own state. I support lowering PAC contribution limits to match the amount an individual can give. But the fact these items are missing does not mean I can't support the good things that are here.

Mr. Speaker, this is a good package of bills which makes some much needed reforms. I am pleased to support each of them.

MANAGED CARE AND MENTAL HEALTH: WHY THE PATIENTS' BILL OF RIGHTS IS IMPORTANT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 31, 1998

Mr. STARK. Mr. Speaker, I am proud to join today with my colleagues to urge support for passing the Patients' Bill of Rights Act of 1998, a bill that would give millions of Americans enrolled in managed care plans a measure of control over the quality of care they receive.

For consumers of mental health and substance abuse benefits—which are often arbitrarily capped at a particular dollar level—this bill contains key quality provisions. It provides for continuity of care, access to specialists, choice of specialist, enables exceptions from overly restrictive drug formularies, and provides for an independent external appeals process.

The bill will guarantee that consumers can continue seeing their providers for 90 days after they change plans if they are in the middle of a course of treatment. For those with psychiatric disabilities, this continuity of care provision is critically important, since studies show that a sudden change of doctors for patients with serious psychiatric disorders can result in devastating setbacks.

The abrupt termination of psychiatric services to thousands of Los Angeles County Medi-Cal beneficiaries last year illustrates this point well.

Last year, the California State Department of Health contracted with Foundation Health to provide comprehensive medical services to its Medi-Cal population in Los Angeles. In turn, Foundation subcontracted out the provision of psychiatric services to MCC Behavioral Health Care. When MCC's contract ended, it notified 5,000 enrollees that their mental health services would be terminated in two weeks.

All were undergoing a course of psychiatric treatment, and many suffered from severe psychiatric disorders, such as schizophrenia, bipolar disorder, or major depression. Most were not fully fluent in English. A full-blown crisis was averted when the Los Angeles County Department of Mental Health offered to care for the notified patients—but the Department was not fully equipped to do the job. As a result, some of the most severely disabled fell through the cracks and were lost to treatment.

Beyond continuity of care, the Patients' Bill of Rights would boost consumer confidence in HMOs with a simple requirement that health plans provide a list of contracted providers and their qualifications on request and that enrollees be able to choose among the providers who serve the plan members. This requirement would apply to mental health providers if the plan offers mental health and substance abuse services.

Today, consumers in managed care plans are not commonly given a list of the mental health providers in their own plans. When enrollees call to seek psychiatric care, they are often required to reveal confidential information about themselves over the phone to a ''triage'' staffer whom they don't know—and who may have no formal mental health training. The staffer then generally gives the caller names of one or two mental health professionals who are selected on the basis of zip code—not based on an assessment of the individual's need for a particular type of care.

In an article published on May 6, 1997, The Washington Post questions whether zip code referrals produce good patient care results. The article discusses the experience of Mark Hudson, who worked for a Blue Cross/Blue Shield plan as a telephone referral assistant in Massachusetts from 1992 to 1995. ''I did the diagnosis and approval'' for 80–100 calls a day for plan subscribers, Hudson is quoted as saying. He routinely made referrals to two therapists located in the town where the callers lived, regardless of the medical needs they described. Hudson has no mental health training, and says Blue Cross officials specifically instructed him not to provide enrollees with the names of other approved therapists.

Mr. Speaker, this makes no sense at all. Consumers who need mental health services should have the same freedom to select from a full panel of providers just as those seeking physical care typically can. The Patient Bill of Rights would help equalize this unfair practice.

Access to appropriate prescription drugs for psychiatric disorders is another paramount issue. In a 1997 survey, the National Alliance for the Mentally Ill found that five of the nation's largest behavioral health care companies failed to provide access to breakthrough antipsychotic medications. Yet for serious disorders such as schizophrenia, older medications may give only partial relief, and have far more serious side effects.

There is a requirement in many managed care plans that psychiatrists must first document two failures of older medications before a new one can be approved. Such policies are penny wise and pound foolish, since patients suffering severe side effects from these sometimes-outdated drugs can easily wind up needing hospitalization. Obviously, this can also result in suboptimal psychiatric care.

By requiring an exception process to the drug formularies often used by plans and by allowing access to the external appeals process, the bill will allow mental health patients to have stronger protection than they do today. The external appeals process required by this bill offers an additional important level of protection for consumers of mental health and substance abuse services. Without it, consumers are forced to receive final medical decisions from health plans that hold a financial interest in denying care.

In an article published on March 3, 1998, U.S. News explores this risk in some details. The article discusses the experience of Dr. Linda Peeno, who worked as an HMO's medical director—the person who must ultimately approve or reject requests for care. ''The decision [to approve a voice machine for a plan beneficiary—a young woman who suffered a usually-fatal brain stem stroke] is now mine, and I feel the pressure to find a way to say no'', Dr. Peeno is quoted as saying. She went on to add, ''If I cannot pronounce it medically unnecessary, then I have to find a different way to interpret our medical guidelines or the contract language in order to deny the request.'' Unhappy with her role as a medical care denier, Dr. Peeno left the industry in 1991.

Mr. Speaker, mental health and substance abuse is probably the area where managed care has the most serious problems. We need an entire bill devoted to addressing these special problems—but the bill I am cosponsoring today is a good beginning on these problems. In the coming weeks, I will be introducing separate legislation to deal with the unaddressed mental health and substance abuse consumer issues. In the meantime, we should not delay in passing the important protections contained in the Dingell-Gephardt-Kennedy bill.

HONORING OUR DESERVING VETERANS

HON. RON PACKARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 31, 1998

Mr. PACKARD. Mr. Speaker, I rise today to identify an inequity that has gone unresolved for too long. This inequity currently exists in the process of honoring our veterans in the Navy and Marine Corps who served our nation from 1943 to 1961. These proud men and women deserve to be recognized in the same fashion as their counterparts in the other service branches.

The Navy Combat Action Ribbon is awarded to Navy and Marine Corps personnel based upon active participation in ground or surface combat beginning March 1, 1961. The equivalent Army award, the Combat Infantry Badge, has been given to Army personnel since July 4, 1943. Why should this unfair discrepancy stand?

H.R. 543, a bill introduced by Rep. MICHAEL MCNULTY, would erase the imbalance between the eligibility date requirements of the Navy Combat Action Ribbon and its counterparts in the other service branches. H.R. 543 provides for an award of the Navy Combat Action Ribbon to Navy and Marine Corps personnel during the period between July 4, 1943, and March 1, 1961.

Mr. Speaker, I believe we must pass H.R. 543 to correct the inequality in how we honor our veterans. As the current award process stands a large segment of the veterans' population is being excluded from proper recognition for the dedication and sacrifice they proudly made for our country. By passing H.R. 543 we would rightfully honor those who bravely served our nation.