quickly signed into law by President Bill Clinton.

Unfortunately, the Supreme Court rules this act unconstitutional. I respect the Supreme Court, both the institution and its members. Sadly, their decision, in my opinion, neither respected the jurisdiction that the Constitution conveys to the Congress nor preserved the checks and balances of the Constitution. In a display of legalism which escapes this Member's understanding and to this Member defies common sense, they stated that Congress had the power to enforce the constitutional rights protected by the 14th Amendment, the amendment on which the 1993 act was based, but not the right to ''expand them.'' It is hard to imagine that Congress' pronouncement stating that the first freedom in the Constitution, the free exercise of our religious beliefs which was the catalyst for the very founding of our country should not be swept away without a compelling state interest was somehow an ''expansion'' of our religious liberties. If a constitutional right can be taken away without compelling reason, on a whim, or with a minimum of justification, it is not in any way a well protected right.

Additionally, it is difficult to imagine that Congress' attempt to protect the first right delineated in the Constitution is somehow prohibited by the Constitution. Not only is it unimaginable, ti is unacceptable. For that reason, this Congress, this day, representing the people of this country, must again act to protect the precious religious freedoms and liberties of those we represent. To do otherwise would allow the Supreme Court, in what this Member perceives to be an arbitrary decision, to set itself up as the sole arbitrator, determinator and protector of our constitutional rights. The basis of our constitutional rights is not the Supreme Court; it is the Constitution. I, for one, firmly believe that the Constitution also gave this body, as the elected representatives of the people, a right, and further an obligation, to protect our constitutional freedoms.

Certainly, is not the right and the obligation to protect our first freedom the right and obligation of all three branches of government? I will never accept the premise, nor should this Congress, that only the Supreme Court is vested with this right and this power. To do so would basically give the Supreme Court alone the power to restrict the very precious rights encompassed in our Constitution without any check or balance. To do so would also surrender our obligation to defend the Constitution, an obligation we swear to uphold upon our election. To defend the Constitution should be our first obligation, not someone else's obligation.

Our forefathers in their wisdom did not give to the Supreme Court alone the power to protect our Constitutional rights and freedoms. They, in fact, gave this obligation and responsibility to all three branches of government. It is not a duty that we should constitutionally avoid. Let us not dodge or shirk this solemn responsibility today. Let us instead, not with three dissenting votes, but unanimously pass the Religious Liberty Protection Act.

PERSONAL EXPLANATION

HON. LYNN N. RIVERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 22, 1999

Ms. RIVERS. Mr. Speaker, the following is a list of votes that I missed because I had to return to Michigan due to a family emergency. Had I been present, I would have voted as follows:

Rollcall No. 281—McGovern amendment—''yes.''

Rollcall No. 282—Sanders amendment—''yes.''

Rollcall No. 283—Coburn amendment—''yes.''

Rollcall No. 284—Sanders amendment—''yes.''

Rollcall No. 285—Sanders amendment—''yes.''

Rollcall No. 286—Slaughter amendment—''yes.''

Rollcall No. 287—Stearns amendment—''no.''

Rollcall No. 288—Rahall—''yes.''

Rollcall No. 300—Previous question on H. Res. 246, rule on H.R. 2490, Treasury Postal—''no.''

PERSONAL EXPLANATION

HON. BILL LUTHER

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 22, 1999

Mr. LUTHER. Mr. Speaker, due to a family commitment I was unable to cast House votes 301–305 on July 15th, 1999 and House vote 306 on July 16th, 1999.

NATIONAL MENTAL HEALTH PARITY ACT OF 1999

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 22, 1999

Mr. STARK. Mr. Speaker, I am proud to join with my colleagues to introduce the National Mental Health Parity Act of 1999. The goal of this legislation is to provide parity in insurance coverage of mental illness and improve mental health services available to Medicare beneficiaries. This legislation will end the systematic discrimination against those with mental illness and reflect the many improvements in mental health treatment.

My legislation would prohibit health plans from imposing treatment limitations or financial requirements on coverage of mental illness, if they do not have similar limitations or requirements for the coverage of other health conditions. The bill also expands Medicare mental health and substance abuse benefits to include a wider array of settings in which services may be delivered. Specifically, the legislation would eliminate the current bias in the law toward delivering services in general hospitals by allowing patients to receive treatment in a variety of residential and community-based settings. This transition saves money for the simple reason that community-based services are far less expensive than hospital services. In addition, community-based providers can better meet the patient's personal needs.

Providing access to mental health treatment offers many benefits because of the significant social costs resulting from mental health and substance abuse disorders. Treatable mental and addictive disorders exact enormous social and economic costs, individual suffering, breakup of families, suicide, crime, violence, homelessness, impaired performance at work and partial or total disability. Recent estimates indicate 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. As many as 25 percent suffer from milder forms of mental illness, and approximately one out of ten Americans suffers from alcohol abuse. One out of thirty Americans suffer from drug abuse.

Alcohol and drug dependence is not the result of a weak will or a poor character. In many cases, the dependence results from chemical abnormalities in the person's brain that makes them prone to dependence. In other cases, the dependence represents a reaction to unhealthy social and environmental conditions that perpetuate abuse of alcohol and drugs. Regardless of the cause of the abuse, alcohol and drug abuse can be treated and allow the person to live a normal and productive life.

Mental health disorders are like other health disorders. With appropriate treatment, some mental health problems can be resolved. Other mental health conditions, like physical health conditions can persist for decades. Indeed, there are those who battle mental illness their entire life just as there are those who suffer from diabetes, congenital birth defects, or long-term conditions like multiple sclerosis. Whereas insurance policies cover the chronic health problems, they do not offer the same support for mental health conditions.

During the last 104th Congressional session, parity in the treatment of mental illness was a widely and hotly debated issue. Although parity legislation was finally developed, insurance carriers found gaping loopholes and created mental health insurance policies that provide less access to mental health services. Furthermore, the current parity legislation includes many 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 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. We can and must do more for our constituents.

My proposed legislation addresses two fundamental problems in both public and private health care coverage of mental illness. 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 linked to coverage for all medical and surgical benefits. Whatever limitations exist for those benefits will also apply to mental health benefits.

Let us not forget the small employers either. If a company qualifies for the small employer exemption, the insurance companies will be