

Another critical component of this compromised legislation is a cost exemption. Under the provision, an employer may elect to continue to offer mental health parity if a group plan results in an increase of 2 percent in the case of the first plan year and 1 percent in the case of each subsequent plan year.

The compromises made in this legislation are of great importance to making sure this legislation will not burden employers struggling with health care costs, while not compromising the significance or effect this legislation will have in ensuring individuals have better access to critical mental health services. Approximately 1 in 5 Americans ages 18 and older, have a mental disorder that can be diagnosed in a given year according to the Substance Abuse and Mental Health Service Administration. However, their ability to receive treatment may be hindered due to cost issues or the stigma attached to mental illness. This legislation will help to address both by sending the message that mental health is just as important as physical health, and needs to be treated with the same amount of importance. This bill signals to an individual diagnosed with schizophrenia that his or her illness is as real as an individual diagnosed with diabetes and that they should not have to pay more for the mental illness than the physical. This legislation will help an employee covered by an affected plan who has a child with bipolar disorder better access to the treatment that child needs. In the past 20 years new technologies and treatments have advanced our understanding and ability to treat a mental illness. We now know with the right diagnoses, support, treatment and case management a person with mental illness can be a contributing member of society. It is time to update our laws to reflect this.

While introduction today is a huge step forward for a Mental Health Parity law, much more needs to be done to secure its passage. The legislation, as it is currently crafted, still must pass through the Senate Health, Education, Labor and Pensions Committee as early as Wednesday, the full Senate and then the House. At this point, a process has been created that allows for open and honest discussion. I encourage my colleagues and the stakeholders to continue this process and to remain together throughout each step of the way. By working together, instead of against each other, we can achieve passage of this legislation.

Mr. SMITH. Mr. President, I rise today with my colleagues Senator DOMENICI and Senator KENNEDY to introduce a bill that will have tremendous impact for the millions of Americans who will suffer from mental illness in their lifetime. The Mental Health Parity Act of 2007 is an impor-

tant bill and I look forward to its passage.

Mental illness can affect people of any age, of any race, and of any income. As a parent with a son who struggled with mental illness, I know all too well the indiscriminate nature of the illness and the frightening statistics of its regular occurrence for those we love. The statistics on the prevalence of mental illness are indeed startling. We know that in any given year, more than a quarter of our nation's adults—60 million people—suffer from a diagnosable mental disorder, many of whom suffer in silence. We also know that mental disorders can disrupt lives and are the leading cause of disability for those aged 15–44 in the United States and in Canada.

Mental illness is just as deadly and serious as a physical illness. Suicide takes the lives of more than 30,000 people each year, with more than 700,000 attempts. We also know that suicides outnumber homicides three to one each year. We also know that people who suffer from mental illness suffer from much higher rates of other chronic conditions, such as cardiovascular disease. However, unlike heart attacks and strokes, mental illness is not something that we, as a nation, want to talk about.

However, we know that effective treatment exists for most people suffering. Help is out there, and this bill will help make it available. Mental health is not a Democratic issue or a Republican issue. Too much is at stake when we talk about mental health care reform to get caught up in partisan politics. We need to work together to find solutions. This bill is a big step and an important step in moving that needed reform forward. Through parity, we can alleviate some of the burden on the public mental health system that results when families are forced to turn to the public system when they do not have access to treatment through private plans.

My home State of Oregon had the wisdom and foresight to see that mental health parity was necessary. I am proud that this year they are implementing parity for the people of Oregon. In a 2004 report by the Governor's Mental Health Taskforce, they found that in any given year 175,000 adults and 75,000 children under the age of 18 are in need of mental health services. It also listed as one of the major problems facing the Oregon mental health system the fact that mental health parity was not, at that time, in effect. That is no longer the case and I look forward to seeing significant improvements in the mental health system in Oregon as a result of the hard work done there.

The introduction of this federal legislation is hard fought and so important. I look forward to working with my colleagues to ensure its passage. I urge

my colleagues on both sides of the aisle to support this bill.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 77—EX-PRESSING SUPPORT FOR THE TRANSITIONAL FEDERAL GOVERNMENT OF THE SOMALI REPUBLIC

Mr. INHOFE (for himself and Mr. BROWNBACK) submitted the following resolution; which was referred to the committee on Foreign Relations:

S. RES. 77

Whereas, after the collapse of the Somali government in 1991, the main judicial system in Somalia devolved into a system of sharia-based Islamic courts, which have increased their power to include security and enforcement functions;

Whereas, in 2000, the courts consolidated to form the Islamic Courts Union (ICU), which came into conflict with secular warlords in the capitol city of Mogadishu by asserting its ever increasing power;

Whereas, the ICU is known to have links to Al-Qaeda and has provided a safe haven for members of Al-Qaeda;

Whereas, by June 2006, ICU forces controlled Mogadishu and much of southern Somalia, creating a potential haven for Islamic terrorists;

Whereas, in 2004, the Transitional Federal Government of the Somali Republic (TFG) was formed in Kenya;

Whereas, in 2006, the TFG army joined forces with the army of the Federal Democratic Republic of Ethiopia to sweep the ICU from power and, after a string of swift military victories, enter Mogadishu; and

Whereas, the current situation is still volatile, creating a short window of opportunity to positively affect Somalia's stability and future status:

Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) the Senate expresses its support for the Transitional Federal Government of the Somali Republic;

(2) the Senate recognizes Ethiopia, particularly Prime Minister Meles, and Kenya for the noble efforts aimed toward pursuing peace in Somalia and support for the United States in the War on Terror;

(3) the United States should support and push efforts for serious multi-party talks aimed at establishing a national unity government in Somalia;

(4) the United States should take several measures, at an appropriate time, to promote stability;

(5) assistance from the United States will better equip the TFG to face the challenges of restoring peace to this war-torn country;

(6) the United States should promote foreign investment in Somalia and facilitate financial and technical assistance to the TFG; and

(7) the United States should aid the TFG to—

(A) locate and free Somali-owned financial assets throughout the world;

(B) solicit support from other friendly countries; and

(C) encourage nongovernmental organizations to commit more resources and projects to Somalia.