

access to mental health services for children by passing the Children's Health Insurance Program, CHIP, Reauthorization Act, H.R. 976, not once, but twice. Among the many important provisions included in this legislation, which I co-authored, is a provision that requires the private health insurance plans that administer CHIP to provide mental health services for children that are equivalent to the coverage provided for physical illnesses. In other words, we require full mental health parity for children enrolled in CHIP.

I still believe that we must do more to ensure that all children have the broadest health care coverage possible for mental health screening and treatment, along the lines of what is provided to children enrolled in Medicaid through the Early Periodic Screening Diagnosis and Treatment, EPSDT, program. However, we have taken a significant step in the right direction toward addressing the mental health needs of our nation's children by passing the CHIP reauthorization bill.

Unfortunately, the same is not true for our nation's seniors and individuals with disabilities. We haven't done nearly enough to address their mental health needs. In fact, we have taken a step backwards in the mental health coverage provided to Medicare participants, particularly those that are dually eligible for Medicare and Medicaid.

Many of my colleagues will recall that the Medicare Prescription Drug, Improvement and Modernization Act of 2003 excluded certain classes of medications from the newly-created Medicare prescription drug program. Among the prescription drugs excluded were two important classes of mental health drugs, benzodiazepines and barbiturates, central nervous system depressants which have multiple clinical benefits.

Benzodiazepines and barbiturates are used to help seniors and individuals with disabilities who are dealing with a variety of conditions including anxiety, depression, insomnia, panic disorders, muscle spasms and seizures. Despite being some of the oldest and most effective medications for the treatment of mental illness, benzodiazepines and barbiturates are currently unavailable to most seniors and individuals with disabilities enrolled in Medicare. That is just wrong.

Patients who have found success with benzodiazepines and barbiturates are reluctant to change prescriptions because of the potential side effects or the understandable fear that their conditions might return. Often, there is also an increased cost associated with alternative medications, but the efficacy of these "replacement" drugs may actually be less than benzodiazepines and barbiturates. So, why should we require Medicare participants to use prescription drugs that could cost more without offering any greater clinical benefit? I don't believe we should. Medicare participants deserve affordable access to the prescription medications that are best suited to treat their conditions.

Many of my colleagues may be wondering why these two classes of prescription drugs were excluded from the Medicare prescription drug program in the first place. They were excluded because of an inappropriate application of existing Medicaid law to the Medicare prescription drug program. The 1990 law that established the Medicaid prescription drug rebate program gave state Medicaid agencies the OPTION to exclude barbiturates and benzodiazepines from their drug formularies. Even though no states have excluded these medications from their Medicaid formularies, the Medicare law makes this exclusion MANDATORY for seniors and individuals with disabilities.

It is unfair to restrict access to prescribed medications that have been proven to be safe and effective in the treatment of mental illnesses and other conditions that commonly affect seniors and the disabled. That is why I am introducing this important piece of legislation today, and I urge my colleagues to support it.

We know that mental illness is treatable, and treatment can help people to live healthy, productive lives. Yet, our Nation's focus on mental health has continued to take a backseat to our focus on physical health even though the two are interrelated. We must act now to bring an end to the silent epidemic of mental illness in our country.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2190

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Medicare Mental Health Prescription Drug Access Act of 2007".

SEC. 2. INCLUSION OF BARBITURATES AND BENZODIAZEPINES AS COVERED PART D DRUGS BEGINNING IN 2008.

Section 1860D-2(e)(2)(A) of the Social Security Act (42 U.S.C. 1395w-102(e)(2)(A)) is amended by inserting "and, beginning in 2008, other than subparagraphs (I) (relating to barbiturates) and (J) (relating to benzodiazepines) of such section" after "agents)".

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 349—HONORING VICE PRESIDENT ALBERT GORE, JR., AND THE INTERGOVERNMENTAL PANEL ON CLIMATE CHANGE FOR RECEIVING THE 2007 NOBEL PEACE PRIZE, IN RECOGNITION OF THEIR EFFORTS TO PROMOTE UNDERSTANDING OF THE THREATS POSED BY GLOBAL WARMING

Mr. REID (for himself, Mrs. BOXER, Mr. DURBIN, Mr. CARDIN, Mr. OBAMA, Mr. LEAHY, Mr. BIDEN, Mr. KENNEDY,

Mr. WHITEHOUSE, Mr. HARKIN, Mr. SCHUMER, Mr. REED, Mr. DODD, Mrs. FEINSTEIN, Mr. KOHL, Mr. NELSON of Florida, Ms. MIKULSKI, Mr. LAUTENBERG, and Mr. CASEY) submitted the following resolution; which was considered and agreed to:

S. RES. 349

Whereas the Norwegian Nobel Committee selected Vice President Albert Arnold (Al) Gore, Jr., and the Intergovernmental Panel on Climate Change (IPCC) as Nobel Peace Prize Laureates for 2007, acknowledging them "for their efforts to build up and disseminate greater knowledge about man-made climate change, and to lay the foundations for the measures that are needed to counteract such change";

Whereas the Nobel Committee found that Vice President Gore "became aware at an early stage of the climatic challenges the world is facing", and that his "strong commitment . . . has strengthened the struggle against climate change";

Whereas the IPCC, according to the Nobel Committee, is composed of thousands of scientists and officials from more than 100 countries, has sponsored research and scientific collaboration over the last 2 decades and "has created an ever-broader informed consensus about the connection between human activities and global warming; and

Whereas the Nobel Committee stated that Vice President Gore "is probably the single individual who has done most to create greater worldwide understanding of the measures that need to be adopted" to combat global warming, Now, therefore, be it

Resolved, That the Senate honors Vice President Albert Arnold Gore, Jr., and the Intergovernmental Panel on Climate Change for receiving the 2007 Nobel Peace Prize, in recognition of their longstanding efforts to promote understanding of the threats posed by global warming.

SENATE RESOLUTION 350—HONORING THE ACHIEVEMENTS OF MARIO R. CAPECCHI, SIR MARTIN J. EVANS, AND OLIVER SMITHIES, WINNERS OF THE 2007 NOBEL PRIZE IN PHYSIOLOGY OR MEDICINE

Mr. HATCH (for himself, Mr. BENNETT, Mrs. DOLE, and Mr. BURR) submitted the following resolution; which was considered and agreed to:

S. RES. 350

Whereas Mario R. Capecchi was born in Italy in 1937 and earned a PhD in biophysics from Harvard University in 1967;

Whereas Sir Martin J. Evans was born in Great Britain in 1941 and earned a PhD in anatomy and embryology from University College in London in 1969;

Whereas Oliver Smithies was born in Great Britain in 1925 and earned a PhD in biochemistry from Oxford University in 1951;

Whereas Mario Capecchi currently serves as Distinguished Professor of Human Genetics and Biology at the University of Utah School of Medicine;

Whereas Sir Martin J. Evans currently serves as the Professor of Mammalian Genetics and Director of the School of Biosciences at Cardiff University in Wales;

Whereas Oliver Smithies currently serves as an Excellence Professor of Pathology and Laboratory Medicine at the University of North Carolina at Chapel Hill;

Whereas Mario R. Capecchi, Sir Martin J. Evans, and Oliver Smithies have made a series of discoveries concerning embryonic