

South Korea is a strong, unwavering ally in the U.S.-led Global War on Terror, having dispatched the third largest contingent of troops to Iraq, and to Afghanistan (where a South Korean soldier was killed during hostile action), and to Lebanon in support of peace-keeping operations; and South Korea is a key partner in the Six-Party Talks to resolve North Korea's nuclear issue.

I firmly believe that South Korea may be the premier success story of U.S. foreign policy in the post-World War II period. Having assisted South Korea in transforming itself from a war-torn, impoverished economy into a successful democracy with a free enterprise economy (the world's 11th largest), South Korea is now an indispensable partner with the United States in promoting democracy, a free market economy and respect for the rule of law around the world.

I believe that President-Elect Myung-Bak understands and appreciates the important history behind our bilateral relations. His desire to better relations with the United States through an emphasis on free market solutions encourages me that the work we have begun will continue to grow under his leadership. I look forward to a continuation of the United States-South Korean partnership during the President-Elect's term and for many years beyond.

I strongly urge my colleagues to support H. Res. 947 and join me in congratulating President Lee Myung-Bak, and extending to him the very best wishes of the House of Representatives as he assumes office later this month.

Mr. FALOMAVAEGA. Madam Speaker, let me first commend our distinguished colleague and member of the Committee on Foreign Affairs Subcommittee on Asia, the Pacific and the Global Environment, my good friend and colleague, the gentleman from California (Mr. ROYCE) for being the author of and introducing this important resolution.

The underlying context for this important resolution, which congratulates President-elect Lee Myung-Bak and wishes him well as he assumes his new duties on February 25, 2008, is that the Republic of Korea has, through the industrious will of its people and the unyielding leadership of its elected officials, transformed itself into a successful democratic nation.

As the twentieth century taught us all too well, democratic governance is a fragile enterprise. That the Republic of Korea, in merely six decades, emerged from the ashes of colonial rule and war torn poverty to become the eleventh largest economy in the world and America's seventh largest trading partner, is a tribute to their strong democratic principles and indelible desire to live peacefully and prosperously despite the enormous challenges facing the Korean Peninsula and the Northeast Asia region.

Madam Speaker, the strong alliance between the United States and the Republic of Korea has proven itself to be a relevant and resilient relationship since our involvement when we fought side by side in the Korean War nearly 58 years ago. Out of that often "forgotten" conflict was born one of the most significant dividing lines of the Cold War, the demilitarized zone on the 38th parallel but, at the same time, one of the most successful alliances in our Nation's history.

The Republic of Korea has remained a steadfast ally of the United States. South

Korea has contributed the third largest coalition troop contingent in Iraq, pledged \$460 million toward postwar reconstruction and had previously also committed troops for peace-keeping operations in Afghanistan, and Lebanon. As a key member of the Six-Party Talks to denuclearize North Korea, the Republic of Korea shares an important responsibility for broader security in Northeast Asia. Today, we are committed absolutely to compelling the North Korean regime to eliminate its nuclear program and to ensuring that promises made by Pyongyang are, in fact, followed through with verifiable action.

The combination of South Korea's efforts to stand alongside the United States in meeting the global threats of the 21st century as well as the North Korean challenge makes this resolution particularly important today. President-elect Lee Myung-Bak has stated that he "will do [his] best to resolve the North Korean nuclear problem through cooperation and a strengthened relationship with the United States." I am very encouraged by President-elect Lee's remarks and, as Chairman of the Subcommittee on Asia, the Pacific and the Global Environment, I look forward to working with his administration to this end.

What is clear from our longstanding relationship over the past half-century is that it is reciprocal. As President-elect Lee's Special Envoy to the United States, Dr. Chung Mong-Joon, said recently after meeting Deputy Secretary of State John Negroponte last month, "We both need each other." Let me also take this opportunity to once again congratulate my good friend, Dr. Han Seung-soo, on his nomination to become Prime Minister. I am confident that Dr. Han's nomination will serve to further consolidate our alliance partnership under President-elect Lee's leadership.

Madam Speaker, many years ago, I served in the U.S. Army during the Vietnam War, and I remember vividly the presence of more than 300,000 soldiers from South Korea who bravely served and fought alongside our American forces. Through that particular experience, I learned quickly and firsthand, the special friendship and bond that existed between the United States and the Republic of Korea.

I personally will never forget the sacrifices that South Korean soldiers made in that terrible conflict in Vietnam. In fact, South Korea has the unique distinction of being one of only four allies that fought alongside the United States in all four major conflicts since World War II and I hope that my other colleagues will join me in thanking the leaders and people of the Republic of Korea for the untold sacrifices they made to be with us when we needed help.

This resolution, while focusing on the peaceful, democratic transition to the presidency of Lee Myung-Bak, honors our special alliance but also welcomes a strengthening and deepening of the relationship between our two countries and our two peoples.

I have had the privilege on several occasions to visit the Republic of Korea and I have observed that the South Korean people are among the most industrious men and women in the world. However this trait for hard work and entrepreneurship developed, it has carried over despite geographic distance to the more than two million Americans of Korean heritage and descent that live throughout our own country today. The vibrant Korean American communities across the United States include

some of the most prominent individuals that have contributed to every facet of American life in every state and territory.

Madam Speaker, this resolution is very important to show our sense of appreciation to all South Koreans, to express how much we care about them and how important they are to our strategic and economic interests in that important region of the world. Its effect is not just to deliver good wishes to President-elect Lee as he assumes office on February 25, but to send a message of solidarity to the government and people of the Republic of Korea and to the soldiers who have fought side by side with the men and women of our own armed forces over the past nearly 60 years.

For all these reasons, this resolution is most fitting, and proper. I wish to congratulate President-elect Lee Myung-Bak and commend again my good friend, the gentleman from California, for offering and proposing this resolution. I strongly encourage my colleagues to offer their own expressions of support and urge the House to adopt this resolution today.

Mr. PAYNE. Madam Speaker, I have no more requests for time, and I yield back the balance of my time.

Mr. ROYCE. Madam Speaker, I yield back the balance of my time as well.

The SPEAKER pro tempore (Mrs. JONES of Ohio). The question is on the motion offered by the gentleman from New Jersey (Mr. PAYNE) that the House suspend the rules and agree to the resolution, H. Res. 947.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. PAYNE. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

EXTENDING PARITY IN APPLICATION OF CERTAIN LIMITS TO MENTAL HEALTH BENEFITS

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4848) to extend for one year parity in the application of certain limits to mental health benefits, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4848

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

SECTION 1. PARITY IN APPLICATION OF CERTAIN LIMITS TO MENTAL HEALTH BENEFITS.

(a) AMENDMENT TO THE INTERNAL REVENUE CODE OF 1986.—Section 9812(f)(3) of the Internal Revenue Code of 1986 is amended by striking "2007" and inserting "2008".

(b) AMENDMENT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.—Section 712(f) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a(f)) is amended by striking "2007" and inserting "2008".

(c) AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.—Section 2705(f) of the Public

Health Service Act (42 U.S.C. 300gg-5(f)) is amended by striking “2007” and inserting “2008”.

SEC. 2. INCLUSION OF MEDICARE PROVIDERS AND SUPPLIERS IN FEDERAL PAYMENT LEVY AND ADMINISTRATIVE OFFSET PROGRAM.

(a) IN GENERAL.—Section 1874 of the Social Security Act (42 U.S.C. 1395kk) is amended by adding at the end the following new subsection:

“(d) INCLUSION OF MEDICARE PROVIDER AND SUPPLIER PAYMENTS IN FEDERAL PAYMENT LEVY PROGRAM.—

“(1) IN GENERAL.—The Centers for Medicare & Medicaid Services shall take all necessary steps to participate in the Federal Payment Levy Program under section 6331(h) of the Internal Revenue Code of 1986 as soon as possible and shall ensure that—

“(A) at least 50 percent of all payments under parts A and B are processed through such program beginning within 1 year after the date of the enactment of this section;

“(B) at least 75 percent of all payments under parts A and B are processed through such program beginning within 2 years after such date; and

“(C) all payments under parts A and B are processed through such program beginning not later than September 30, 2011.

“(2) ASSISTANCE.—The Financial Management Service and the Internal Revenue Service shall provide assistance to the Centers for Medicare & Medicaid Services to ensure that all payments described in paragraph (1) are included in the Federal Payment Levy Program by the deadlines specified in that subsection.”.

(b) APPLICATION OF ADMINISTRATIVE OFFSET PROVISIONS TO MEDICARE PROVIDER OR SUPPLIER PAYMENTS.—Section 3716 of title 31, United States Code, is amended—

(1) by inserting “the Department of Health and Human Services,” after “United States Postal Service,” in subsection (c)(1)(A); and

(2) by adding at the end of subsection (c)(3) the following new subparagraph:

“(D) This section shall apply to payments made after the date which is 90 days after the enactment of this subparagraph (or such earlier date as designated by the Secretary of Health and Human Services) with respect to claims or debts, and to amounts payable, under title XVIII of the Social Security Act.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of the enactment of this Act.

SEC. 3. DEPOSIT OF EXCESS SAVINGS IN PAQI FUND.

(a) IN GENERAL.—In addition to any amounts otherwise made available to the Physician Assistance and Quality Initiative Fund under section 1848(1)(2) of the Social Security Act (42 U.S.C. 1395w-4(1)(2)), there shall be made available to such Fund—

(1) \$93,000,000 for expenditures during or after 2009;

(2) \$212,000,000 for expenditures during or after 2014; and

(3) \$44,000,000 for expenditures during or after 2018.

(b) OBLIGATION.—The Secretary of Health and Human Services shall provide for expenditures from the Fund specified in subsection (a) in a manner designed to provide (to the maximum extent feasible) for the obligation of the entire amount specified in—

(1) subsection (a)(1) for payment with respect to physicians’ services furnished during or after January 1, 2009;

(2) subsection (a)(2) for payment with respect to physicians’ services furnished on or after January 1, 2014; and

(3) subsection (a)(3) for payment with respect to physicians’ services furnished on or after January 1, 2018.

SEC. 4. PROTECTION OF SOCIAL SECURITY.

To ensure that the assets of the trust funds established under section 201 of the Social Security Act (42 U.S.C. 401) are not reduced as a result of the enactment of this Act, the Secretary of the Treasury shall transfer from the general revenues of the Federal Government to those trust funds the following amounts:

(1) For fiscal year 2008, \$1,000,000.

(2) For fiscal year 2009, \$5,000,000.

(3) For fiscal year 2010, \$1,000,000.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Pennsylvania (Mr. TIM MURPHY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise to urge support for this bill which was developed jointly by the Energy and Commerce Committee, the Ways and Means Committee, and the Education and Labor Committee. This bill would extend the Mental Health Parity Act of 1996, the first-ever Federal parity law.

Over 10 years ago, Congress passed and President Clinton signed into law legislation that required partial parity by mandating that annual and lifetime dollar limits for mental health treatment under group health plans offering mental health coverage be no less than that for physical illnesses. This legislation was authorized for 5 years, and has been extended every year with bipartisan support since its initial authorization expired. The bill before us would extend the Mental Health Parity Act for another year. I urge my colleagues on both sides of the aisle to support its passage.

Madam Speaker, let me also say that while the 1996 law was a good first step, we clearly have much further to go before we can achieve full mental health parity. That is why it is imperative that we pass H.R. 1424, the Paul Wellstone Mental Health Parity and Addiction Equity Act of 2007, introduced by my colleagues Representative PATRICK KENNEDY and Representative JIM RAMSTAD. I want to congratulate and thank both of them. Mr. KENNEDY will be speaking shortly in favor of his legislation.

In spite of the 1996 law and widespread recognition that mental illness and substance abuse are treatable illnesses, there still exist glaring inequities between health insurance coverage for mental health and that for other medical conditions. As we all know, these inequities can have dire con-

sequences for friends, families and society in general. H.R. 1424 will take our Nation one step further to ensuring that every American can access the mental health, substance abuse and addiction treatment that they need to live healthy, happy and productive lives.

Madam Speaker, by putting mental health on par with medical and surgical benefits, we will be improving the availability and affordability of health care for those who suffer from mental health illnesses and addiction diseases. This will not only reduce the pain and anguish of many of our constituents and their families, but will benefit our Nation as a whole. So let’s extend the good work that has already been done and work together to build upon the framework so that we can improve the lives of millions of Americans.

I reserve the balance of my time, Madam Speaker.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I yield myself as much time as I may consume.

We’re gathered here today to debate or support H.R. 4848, a bill which extends that which Congress has passed before, and that was an important bill for its time. It’s an important bill to extend for, in doing so, we acknowledge the innate value of helping those suffering from mental illness. We acknowledge in Congress that for those who suffer these afflictions, they may be relieved of that suffering through receiving necessary treatment.

In compassion, we as a body extend our hand in support of those who suffer the pains of mental illness. We acknowledge that their illnesses are real, and that the appropriate treatments give them hope to slough off the yoke of their illness and again become a fully productive member of our Nation, our workplace and our family.

The significance of this act may be overshadowed by other events of the day, but it is essential that we not fail to appreciate the value of this moment, not only in terms of what this bill does but what it does not do and, moreover, why we need to enact this law at all.

First to the reasons for this bill. As John Adams said, “Our Constitution was made only for a moral and religious people. It is wholly inadequate to the government of any other.”

He made that comment not because our Constitution is a vehicle to support any particular religion; rather, he noted the inherent inadequacies of any body of laws, and that they cannot replace the moral light that should guide us when no law has yet been writ to define that path.

Indeed, we cannot legislate common sense, we cannot mandate morality, and we cannot litigate compassion. We can, however, establish laws to define the limits of what can be tolerated. And where the laws do not apply, we hope that the goodness and faith that guides our hearts is sufficient to drive us to do the right thing.

Unfortunately, when it comes to dealing with mental illness, our society, our culture and our government has failed to do the right thing. We have spent billions, hundreds of billions, I dare say, over the years to help those with mental illness, but we have remained short-sighted at best, or blind at worst as to what we truly must do.

It is my wish that people would be personally guided by their own sense of justice and compassion to do the right thing in the treatment of mental illness. Instead, we remain willfully and woefully ignorant to the causes, the diagnoses, and the treatment of mental illness. We have denied its very existence, perhaps wasting our hope in the hope it would go away. We have instead tried to wish away its effects. We have minimized the impact, trivialized the causes, and criticized the patients. We have used words to make mental illness the butt of cruel jokes. We have used words like "crazy" or "retarded" or "idiot," as if attaching a derogatory label would free us from the responsibility for helping or treating those with these illnesses.

I ask you: Would we use such disparaging remarks to describe persons with cancer, with diabetes, with heart disease? Could demeaning words make any of those diseases disappear or less painful? Can derisive words motivate someone to seek help? No, instead they drive the person further into the shadows to deny their own illness, to avoid treatment and not even help themselves.

In many ways, we have not advanced very far beyond the days of the Salem witch trials when those with mental illness were ignorantly tried as criminals, sentenced to death, or cruelly treated with torture.

Think this is not true today? Well, think again. Our prisons are filled with persons who suffer from mental illness. Our courts are packed with victims of child abuse or sex abuse. Our churches are filled with those who are praying to be relieved of the terrible strains befalling them. Families break up. Jobs are lost. Children fail in school and lives are lost from untreated mental illness. And yet we continue to deny it is there and place barriers between the patient and the cure.

In my many years of practicing psychology, I have never, never met a patient who was cured by denial. But denial is the common treatment for so many when it comes to acknowledging or treating mental illness.

Listen, you cannot whisper it away, for even in the silence, even in the darkness, mental illness cries out for help.

One in five Americans will suffer from a diagnosable mental illness. One in 10 young people suffer from mental illness severe enough to cause some form of impairment.

Untreated drug and alcohol addictions cost Americans \$400 billion each year. A Rand study estimated that de-

pression alone cost employers \$51 billion per year in absenteeism and lost productivity.

Suicide is the eighth leading cause of death in the United States. More years of life are lost to suicide than any other single cause except heart disease and cancer.

Thirty thousand Americans commit suicide annually, and half a million attempt it. Among college students, three die each day from suicide.

The Federal Government estimates that about 12½ million people have alcohol problems. It costs businesses \$134 billion a year in lost productivity.

Does treatment work to help people with mental illness? Yes, it does. Studies of depression in the workplace have shown thousands of dollars of savings per employee when they receive treatment.

We note that when 80 percent of health care costs are used to treat chronic illness, that the risk for depression doubles among those who are chronically ill and not receiving treatment. The cost doubles as well.

The combination of appropriate medication and treatments have been very effective in treating anxiety, depression, bipolar illness and behavior disorders. But when health plans do not pay for appropriate professional care, where does the treatment come from?

Seventy-five percent of psychiatric medications are prescribed by non-psychiatrists. Now look at that in the context of other illnesses. Would we tolerate it if 75 percent of insurance plans said that most babies would be delivered by people with minimal training? How about requiring that brain surgery is done by those who only had a few weeks of training in medical school. Would we accept that? We would not.

This bill extends what we have done before. It helps in a small but important way. But it does not move us to where we need to be. Perhaps the lesson here is that there are many things we need to do for ourselves, many things we need to do to reach out to others and help. But it does not cure the barriers. It does not identify which diagnoses need to be treated. We will need to do more. Eventually we as a Nation need to come to terms with what needs to be done. The cost savings of providing the right treatment are huge. The costs of continuing to provide the wrong care, or denying care, are massive.

As Benjamin Franklin said, "By failing to prepare, you are preparing to fail."

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentleman from Rhode Island (Mr. KENNEDY), who has probably done more to address the issue of mental health parity than any Member of Congress. He actually came to my district, we had a hearing on the issue, and I really appreciate all that he has done on the issue.

Mr. KENNEDY. I thank Chairman PALLONE for his work in bringing the extension of this mental health parity law to the floor. I want to acknowledge his help on H.R. 1424, the Paul Wellstone Mental Health and Addiction Act, and say I join him in saying today is a great start in us extending this law on lifetime and annual limits. But, as he mentioned, we want to get full parity, which means we want to get the real bill that extends full coverage of mental illnesses to all health insurance plans. Just as we would expect health insurance plans to cover the rest of our body, cancer, diabetes, everything else, we shouldn't expect any less for mental illnesses.

And yet, unlike many other physical illnesses, mental illnesses are excluded from most health insurance plans. In fact, 98 percent of our health insurance plans in America charge higher copays and deductibles for mental illnesses simply because of stigma, simply because of discrimination.

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Because of the shame and because Americans are too afraid to say that they are willing to say enough is enough, and they're not willing to say that's wrong, and they're not going to sit idly by while insurance companies say that they can get away with it, we in the Congress ought to stand up and say, enough is enough. We are going to pass the law that says civil rights matter in this country, and if you are born with a mental illness, just as if you were born with any kind of physical disability, you should not be discriminated against. And that is what we mean when we say we want to pass the Paul Wellstone Mental Health and Addiction Equity Act. We can't afford any more days without this law.

As my good friend said over here, each year 1.3 billion workdays are lost due to mental disorders, more than any other, arthritis, stroke, heart attack, or cancer combined.

We cannot afford one more day without parity because the Department of Justice estimates that drug-related crime costs our Nation \$107 billion a year. We cannot afford one more day without parity because 80 percent of the trauma-related admissions in our emergency rooms in this country are drug- and alcohol-related, implicated in car accidents, shootings, stabbings, and domestic and violent incidences, as well as overdoses.

We cannot afford one more day without parity because workers' untreated depression cost their employers \$31 billion a year in lost productivity and cost their employers \$135 billion in lost productivity just due to alcoholism alone.

I will tell you this: We are paying for this in so many other ways, we cannot afford not to spend the money on treatment up front.

But the fact of the matter is, insurance companies continue to deny treatment. Just take one case of Katie

Kevlock, a 16-year-old from Pennsylvania. The insurance company said to her, It is not enough that you came in here hooked on heroin. We need to see you overdose before we are going to give you treatment coverage.

Guess what her mother said? Well, I'm not sure my daughter's got an overdose in her before I can bring her back for her treatment.

Well, guess what? She, of course, overdosed, and she didn't survive that overdose. But that's what that insurance company demanded. They demanded that she have an overdose before she qualified for treatment, but she didn't survive that overdose. She died like millions of other Americans, and that is the cost of us not providing treatment.

Treatment works. Recovery works. We need to end the stigma of mental illness and addiction in our society. That's why we need to pass H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act; and that's why we need to extend the bill today to provide one more year of annual lifetime limits for the current parity law.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I appreciate the compassion and passion of my friend from Rhode Island who has been such a leader in mental health parity.

I yield such time as he may consume to the gentleman from New Jersey (Mr. FERGUSON), another great leader whose heart goes out to those in need of mental health issues.

Mr. FERGUSON. Madam Speaker, I want to thank the gentleman from Pennsylvania for the time. I want to thank Chairman PALLONE for his work on this legislation as well.

I rise today in support of H.R. 4848. This important legislation will extend the current mental health parity laws to individuals that desperately need coverage and care.

Madam Speaker, I dare say every single one of us in this Chamber, and probably everyone we know, knows someone, cares about someone, perhaps a member of our very own family, who has faced the challenge of mental illness and who could benefit from additional mental health coverage.

Thousands and thousands of people suffer from mental health illnesses and addictions in our country. My family is no different from any other family who maybe has a loved one or a member of that family who has dealt with these very significant and difficult problems. This legislation would continue bringing much-needed treatment to those who are in such need.

Addictions and mental illnesses are afflictions that have long been stigmatized and brushed aside by our society and our institutions. Not only is this societal perception deterring many individuals from seeking and receiving much-needed treatment, but also the lack of insurance coverage for such treatments prevents many individuals from gaining access to the critical help and the treatments that they need.

Many individuals go months or maybe even years without treatment for serious illnesses due to the stigma that our society has placed on these serious diseases. They feel like they must hide their illness from their friends or their family while trying to lead a normal life.

However, these illnesses and the individuals who suffer from them deserve care and treatment just as if they were suffering from some other illness or disease. The victims of mental illness should no longer have to suffer in silence and in secret.

For too long, people have been told they must take care of themselves while battling these diseases and illnesses. Those battling their debilitating effects haven't been able to receive the stability of care that's available when adequate health insurance coverage is in place.

The legislation we are considering today takes steps in the right direction by continuing the current mental health parity laws. However, current laws are not perfect, and they need to be amended to improve the health care of mental addictions and illnesses in our country.

I have been a proud cosponsor of the mental health parity efforts in the past, and I will continue to be an ardent supporter of these efforts to have full mental health parity in America. I support legislation that was already mentioned, the Paul Wellstone Mental Health and Addiction Equity Act, which is legislation that would make full mental health parity the law of the land. This legislation is needed, and it should have been passed long ago.

This legislation has been championed by my good friend PATRICK KENNEDY, the Member from Rhode Island, who we just heard from. He's been such a leader on this effort, and he and JIM RAMSTAD of Minnesota, from our side of the aisle, have really worked so hard and so diligently on this legislation. I really believe that through their work, and the work of many of us, we will help to deliver what people battling addiction and mental illness have long needed and want; that is, the help that they need.

We have to continue to ensure that every individual has access to the health care coverage that they need. Every single individual that's affected by these sicknesses should not be without mental health coverage in our country.

I urge my colleagues to support H.R. 4848 to continue to provide mental health coverage to the thousands of individuals who are so desperately in need of that help.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. SARBANES).

Mr. SARBANES. Madam Speaker, I want to thank my colleague Representative PALLONE on his work on H.R. 4848 which is important for us to support because it does extend certain mental health coverages. But as we've all been

saying here today, it is just as important that we continue to work very hard to enact and pass H.R. 1424, which is the Paul Wellstone Mental Health and Addiction Equity Act, and I want to salute Representatives RAMSTAD and KENNEDY for their tremendous work on this bill.

Mental health parity is the right thing to do. Clearly, there are so many individuals and families that are in pain in this country because they are not receiving the mental health counseling services, the substance abuse and addiction treatment services that they deserve and that our society ought to provide to them.

But it is also the smart thing to do. All of the statistics, even if you just wanted to look at this through the cold, calculating lens of what the bottom line represents in terms of cost to our system and our society, all of the studies that have been done show that there are tremendous savings to be had if we focus on these kinds of service.

There have been many statistics that have been cited today. I will cite a few more. Depressed workers lose 5½ hours per week of productive work time. That adds up to tens of billions of dollars lost a year to employers. Alcohol-related illness and premature death cost over \$130 billion in lost productivity in 1998, and the statistics go on and on and on.

Even the most tightfisted insurer will discover very quickly once we have mental health parity in place that the costs are a lot and that, in fact, there are savings to be had as you reallocate dollars to mental health treatment and substance abuse treatment in terms of the savings in related medical treatment.

So it is absolutely the right thing to do, and particularly at this time when we have so many stories of returning veterans who are suffering from traumatic brain injury, from mental health issues and need the support that can come from this, from this larger bill, from the Paul Wellstone Act.

So I urge my colleagues to support this extension through H.R. 4848 of certain mental health coverages, but I join all those who are advocating very strongly that we move forward and enact the larger bill, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I am just inquiring how much time we have remaining.

The SPEAKER pro tempore. The gentleman from Pennsylvania has 9½ minutes, and the gentleman from New Jersey has 10½ minutes.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I yield myself as much time as I may consume.

Madam Speaker, one of the important points that we need to recognize as we address these issues of mental health and mental illness today are the causes. For so often, as I described earlier, when people are thinking about or talking about mental illness, we often times do not understand that it really

is a problem of brain functioning. It's written off too often as the worried well of people complaining or malin-gering, when really we need to under-stand the following.

When we're talking about problems with heart disease, it's easy to look upon those problems, to look at X-rays and other tests and MRIs and see if the function of the heart is appropriate, if the valves are working, if the arteries and veins are blocked or free.

When we look at other illnesses throughout the body, there are so many tests which we have grown ac-customed to, MRIs, CT scans, EKGs, et cetera. And we look at those things and we're able to see that something is wrong based upon the results of those tests.

One of the problems with mental ill-ness, leading to the prejudices about mental illness, is that there are no tests like that. One cannot take an X-ray of the brain and say that the per-son has depression or anxiety disorder or bipolar illness. There have been multiple studies looking at patterns that may show up on some tests. But my point is this: Just because we can-not see it on a medical test like that does not mean it does not exist.

Back in the 1800s, Louis Pasteur de-scribed the microbes that finally led us to understand about germs and dis-eases. Before that, no one had any tests to look at that. It did not mean they didn't exist. That merely meant that we did not know that they were there. But it was a full century later before we found that one could treat diseases with antibiotics, and we're still learn-ing more about it.

So, too, it is important we under-stand that so often when discussing these issues of mental illness treat-ment, people raise the question that you cannot really test for it. Now, those are areas that science and re-search are still needed to determine what we can do, but it does not mean they don't exist just because we cannot find those.

Instead, what we rely on is the com-ments made by persons themselves or watching the behavior of persons be-cause, indeed, those are the indicators that tell us something is wrong with the function of the human brain. It is a neurological problem. It is a neurobehavioral exhibition of those problems. It is those problems that we have to understand that sometimes are treated with medication and some-times are treated with counseling and sometimes both, but we have to make sure we understand that we cannot write these off with treatments just by ignoring them or just saying that someone else without treatment be-cause an insurance plan will cover that is enough.

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Many times cardiologists will tell us that they recognize when they give someone a diagnosis that it's terminal or severe, that many of those patients

will themselves exhibit symptoms of depression, so they automatically write a prescription for an anti-depressant drug. That's not enough.

The comments I made before about how, when a person has a chronic ill-ness, their health care costs can double if they have untreated depression, that alone should wake us up to understand that we need to be treating mental ill-ness, not ignoring it. That alone should wake up employers to understand that improved productivity and lowered health care costs should be enough to motivate us to do that. That alone should be information that the Con-gressional Budget Office, who scores these bills, should tell us that there are scores that are important in terms of savings. Unfortunately, they don't tell us scores for prevention. And so it goes on.

These are things we need to be con-tinuing to do, and that's why we will continue to support this bill.

Madam Speaker, I reserve the bal-ance of my time.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Madam Speaker, allow me to thank the distin-guished gentleman from New Jersey for his kindness and his leadership, and to add my appreciation as well for Con-gressman KENNEDY for the years that he has worked on this issue. And I join them in raising our voices.

I remember the leadership that came from another Member from New Jer-sey, and Congressman PALLONE has now embraced this issue in his capacity and leadership on the Energy and Com-merce Committee. And my classmate, Congressman KENNEDY, has been press-ing this message along with Congress-man RAMSTAD for a very long time, that we have the capacity and the em-pathy and sympathy to address the question of mental health parity, but we have not yet had the energy and the results-oriented efforts that it needs.

I pay tribute, of course, to the late Senator Paul Wellstone, who came to my district some years ago through my invitation as cochair of the Congres-sional Children's Caucus and visited our juvenile detention centers and em-phasized that many of the juveniles that were then incarcerated also need-ed greater access to mental health fa-cilities and mental health services.

Mental health parity and the exten-sion thereof of the annual lifetime lim-its is crucial to save lives. How many of us have seen on the news or ad-dressed our constituents where seniors, parents are calling the police for their adult children who are suffering from mental health needs? Tragically, some of those encounters end in death. There is no need for that.

In addition, we will be seeing, as the war in Iraq ends and Afghanistan's war and conflict ends, numbers of individ-uals coming back who have been diag-nosed with post-traumatic stress, and we will say that's the Veterans Affairs'

concern, or brain trauma. Yes, in the realm of the framework of their return, it may be; but they will live, and through their lifetime may have en-counters that need to have the cov-erage of a mental health parity bill.

I support H.R. 4848 and thank Con-gressman PALLONE for the insight to move forward on this extension. But I pray tell that we will find it in our de-termination to move forward on the Paul Wellstone parity bill that is being carried by Congressman KENNEDY and a number of others. I have supported this legislation for a number of years, so I rise enthusiastically for H.R. 4848.

And, if I might, having missed the discussion on H. Con. Res 283, the bill dealing with Kenya, I simply want to add my statement into the RECORD, but call out for the compliance with this legislation, as it is passed, that we have sanctions for those who will not come to the peace table, that we com-plement Kenya for its democracy, but, as well, that we push them toward a settlement of this vicious incident, having killed 900 people.

I end my comments by asking for en-thusiastic support for H.R. 4848.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, many important things have been said by several Mem-bers, and passionately, on this bill. What we also have to remember, as we wrap this up, is somewhere in America there are people who are suffering in si-lence, there are children who are facing abuse, angry spouses who are attacking one another, anxious mothers strug-gling to care for their children, and, of course, throughout the workplace, as has been so carefully documented here, so many problems. It is important that we not only pass this bill strongly but also continue to work together.

I commend my colleague, Chairman PALLONE, and the work that he does and to continue the work that he does in leading this. Myself and many Mem-bers from our side of the aisle continue to stand ready to make sure we work out any issues with regard to expand-ing issues of mental health parity. We know that all of us care deeply about those in need and all of us remain com-mitted to helping those in need from our side of the aisle.

Mr. DINGELL. Madam Speaker, today we are voting to extend for 1 year, through 2008, the 1996 Mental Health Parity Act. This act bars the use of arbitrary annual and lifetime caps on mental health services if they are not also used on other medical benefits. We need to extend this first good step taken by Con-gress more than a decade ago, but there is still work to be done to reach true parity in the treatment of mental illnesses and substance abuse disorders.

When the Mental Health Parity Act of 1996 passed Congress, it provided only partial parity for mental illness and excluded addiction benefits from the equitable treatment other mental health services received under the bill. Left untouched were other important and po-tentially costly parts of an insurance policy

such as limits on inpatient days and outpatient visits and other out-of-pocket expenses such as copays, coinsurance, and deductibles. These limits result in denying millions of Americans needed treatment and/or incurring huge out-of-pocket costs.

The U.S. Government Accountability Office found in a May 2000 report that 87 percent of employers complying with the act merely substituted other restrictive limits on things already mentioned for the annual and lifetime limits prohibited under the 1996 act.

Today we must not only extend the Mental Health Parity Act of 1996 but also continue to work on building this act to achieve true parity by passing H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007. The legislation has been favorably approved by all three committees of jurisdiction in the House.

Mental illness and alcohol and drug addiction are painful and private struggles with staggering public costs, not to mention the toll these conditions take on families and communities. Representatives KENNEDY and RAMSTAD have been faithful champions of the Mental Health Parity Act of 1996 and speak courageously of their own triumphs.

I urge my colleagues to vote to extend the authorization of the current protections already in place and to continue to work for more comprehensive parity.

Mr. GENE GREEN of Texas. Madam Speaker, I rise today in support of H.R. 4848. This legislation is an extension of the Mental Health Parity Act of 1996.

This bill requires that annual and lifetime dollar limits for mental health treatment under group health plans offering mental health coverage be no less than that for physical illnesses.

Mental disorders are the leading cause of disability in the U.S. for individuals between the ages of 15–44. In fact, 54 million Americans currently suffer from mental illness.

Unfortunately, the stigma of mental illness prevents millions of Americans from receiving the health care they need. Arbitrary limits on insurance benefits also serve as a significant barrier to many Americans seeking help.

The original Mental Health Parity Act of 1996 was an important first step toward mental health parity and mandated that annual and lifetime limits in mental health coverage be equal to those applied to medical and surgical benefits.

While I support this bill, I strongly believe that we must pass H.R. 1424, the Paul Wellstone Mental Health Parity and Addiction Equity Act of 2007.

The scientific community has long told us that mental illness and substance abuse are biologically-based, and the Surgeon General recognized that fact in the 1999 Surgeon General's report.

The sad reality, however, is that the health insurance market still does not provide true parity to mental health and substance abuse coverage.

Individuals who struggle with mental illness or substance abuse have no guarantee they'll get the treatment they need—even if they have health insurance.

Mental illness and substance abuse are serious issues for many Americans who too often do not receive the appropriate treatment. Twenty-six million Americans struggle with substance abuse addictions.

I hope that we will recognize the struggles that individuals with substance abuse addictions face in seeking treatment.

I strongly support H.R. 4848 and hope that we will build on this piece of legislation by considering H.R. 1424, the Paul Wellstone Mental Health Parity and Addiction Equity Act of 2007 sometime this session.

Mr. CONYERS. Madam Speaker, I rise to voice my support for H.R. 4848, the extension of the Mental Health Parity Act of 1996 (MHPA). This legislation would extend MHPA for 1 year, maintaining the current provisions for parity in the application of certain limits to mental health benefits.

For group plans that choose to offer mental health benefits, the MHPA requires those plans to provide benefits for mental health treatment subject to the same annual and lifetime dollar limits as their coverage of physical illnesses. Unfortunately, insurance plans may still limit the amount and type of mental health treatment covered. For example, an insurance company can cap the number of times a patient may visit the doctor's office, not only annually, but over the course of a lifetime.

"Partial parity" is an oxymoron. Rather than rely on stop-gap measures and patch-work fixes, the need for true mental health insurance parity must be recognized and acted upon. I strongly encourage my fellow members to quickly pass H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which puts mental health coverage on an equal footing with medical and surgical coverage.

The inequity of coverage with regard to mental health and substance abuse treatment benefits is tantamount to discrimination against the mentally ill. It is built upon the insurance companies' strategy of denying rather than providing care in order to maximize profits. The notion that an insurance company can limit medical care based on cost is immoral. Only medical professionals should dictate the amount and type of care a patient receives. H.R. 676, the United States National Health Insurance Act, would provide health care coverage for all, including coverage of mental health and substance abuse treatment.

Madam Speaker, it is our duty to end this intolerable discrimination against the mentally ill, and provide timely, appropriate, and adequate health care for all, free of the loopholes, pitfalls, and entanglements which exist under the current fragmented, non-system of care.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4848, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BROUN of Georgia. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Sherman, one of his secretaries.

DO-NOT-CALL REGISTRY FEE EXTENSION ACT OF 2007

Mr. BUTTERFIELD. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 781) to extend the authority of the Federal Trade Commission to collect Do-Not-Call Registry fees to fiscal years after fiscal year 2007.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 781

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 "Do-Not-Call Registry Fee Extension Act of 2007".

SEC. 2. FEES FOR ACCESS TO REGISTRY.

Section 2. of the Do-Not-Call Implementation Act (15 U.S.C. 6101 note) is amended to read as follows:

"SEC. 2. TELEMARKETING SALES RULE; DO-NOT-CALL REGISTRY FEES.

"(a) IN GENERAL.—The Federal Trade Commission shall assess and collect an annual fee pursuant to this section in order to implement and enforce the 'do-not-call' registry as provided for in section 310.4(b)(1)(iii) of title 16, Code of Federal Regulations, or any other regulation issued by the Commission under section 3 of the Telemarketing and Consumer Fraud and Abuse Prevention Act (15 U.S.C. 6102).

"(b) ANNUAL FEES.—

"(1) IN GENERAL.—The Commission shall charge each person who accesses the 'do-not-call' registry an annual fee that is equal to the lesser of—

"(A) \$54 for each area code of data accessed from the registry; or

"(B) \$14,850 for access to every area code of data contained in the registry.

"(2) EXCEPTION.—The Commission shall not charge a fee to any person—

"(A) for accessing the first 5 area codes of data; or

"(B) for accessing area codes of data in the registry if the person is permitted to access, but is not required to access, the 'do-not-call' registry under section 310 of title 16, Code of Federal Regulations, section 64.1200 of title 47, Code of Federal Regulations, or any other Federal regulation or law.

"(3) DURATION OF ACCESS.—

"(A) IN GENERAL.—The Commission shall allow each person who pays the annual fee described in paragraph (1), each person excepted under paragraph (2) from paying the annual fee, and each person excepted from paying an annual fee under section 310.4(b)(1)(iii)(B) of title 16, Code of Federal Regulations, to access the area codes of data in the 'do-not-call' registry for which the person has paid during that person's annual period.

"(B) ANNUAL PERIOD.—In this paragraph, the term 'annual period' means the 12-month period beginning on the first day of the month in which a person pays the fee described in paragraph (1).

"(c) ADDITIONAL FEES.—

"(1) IN GENERAL.—The Commission shall charge a person required to pay an annual