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 legisiation 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