

Requesting Member: Congressman CHIP PICKERING.

Bill Number: FY 09 Defense Appropriations Bill.

Project: F/A-18 Expand 4/5 Upgrade for USMC.

Project Amount: \$7.6 million.

Account: Aircraft Procurement, Navy; F-18 Series.

Legal Name of Requesting Entity: Naval Air Systems Command.

Address of Requesting Entity: Patuxent River, Maryland 20670

Description of Request: FY09 funding will provide radar upgrades for 15 Marine Corps APG-73-equipped F/A-18s. Expand 4/5 allows for very high resolution radar maps to provide long range, all weather target recognition and precise target coordinate generation needed for precision weapons employment.

Requesting Member: Congressman CHIP PICKERING.

Bill Number: FY 09 Defense Appropriations Bill.

Project: Silicon Carbide Electronics Material Producibility Initiative.

Project Amount: \$4.8 million.

Account: RDT & E, Air Force.

Legal Name of Requesting Entity: Air Force Research Laboratory—Materials and Manufacturing Directorate Survivability & Sensor Materials Division (AFRL/MLPS).

Address of Requesting Entity: Wright Patterson Air Force Base, Ohio 45433

Description of Request: FY09 funding will enable significant reductions in the size and weight of a vast number of military electronic platforms and dramatically improve capabilities and performance at significantly lower costs. The program will accelerate semiconductor technology integration and development of a domestic second source of production capacity for silicon carbide (SiC) based materials and devices. These devices are required for high performance and high frequency power components for critical next-generation Department of Defense (DoD) systems. These systems include solid state power substations (SSPS) for future all-electric warships with Integrated Power Systems (IPS); hybrid electric military vehicles (HMMWV); high power naval surface radars for DD(X) and CG(X); and airborne radars for F22, F35, tactical UAVs, AWACS, JSTARS, and TPS-75.

H.R. 6983: THE PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

SPEECH OF

**HON. GEORGE MILLER**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, September 23, 2008*

Mr. GEORGE MILLER of California. Mr. Speaker, I rise today in support of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.

Over the years, there have been numerous hearings in DC and around the country at which individuals and their family members testified about the need for parity in the treatment of mental health and addiction conditions.

The final bill being considered today will eliminate most if not all of the abuses that

families across the country have testified about. The following are examples of many of the major inequities that the bill is designed to eliminate:

**Emergency Care:**

Dr. Gerry Clancy described seeking prior authorization for a suicidal patient. Wanting to confirm that this was a serious suicide attempt, the health plan reviewer asked whether the patient had a plan to take his own life. Dr. Clancy answered that the patient planned to shoot himself. He said the reviewer then went farther and said, "Does that person have a gun?" and Dr. Clancy answered "yes." Dr. Clancy said he could not believe the next question: "does the person have bullets?"

No family in America should have to face having to justify why a suicide attempt is a real medical emergency. The final bill would require plans to have the same requirements for prior authorization, terms and financial limitations, co-pays, deductibles and day and visit limits on emergency benefits for mental health and addiction treatment services as the plan has on medical and surgical emergency services covered under the plan.

**Medical Necessity:**

Michael Noonan, the father of a college-enrolled daughter who suffered from chemical dependence, testified about the struggle his family faced to access inpatient addiction treatment for his daughter. After his daughter encountered a series of escalating problems and relapses, her clinician recommended inpatient rehabilitation for her alcohol dependence. He contacted his insurance company and was told that his contract included a benefit for inpatient rehabilitation for substance use disorders with a \$200 deductible and 30 day coverage. In spite of confirming these benefits with his managed behavioral health care company, the authorization of his daughters' inpatient care was suspended after only five days of care. Mr. Noonan endured repeated denials, took out a home equity loan of \$23,000 to pay for treatments while processing appeals, and requested the assistance of his congressional representative in order to secure payment for the treatment of his daughter. His experience was echoed in the testimony of many others, like Xavier Ascanio, whose daughter Samantha was hospitalized for an eating disorder. "During the inpatient stay, the insurance company doled out pre-approval two or three days at a time. Imagine that hanging over you, both as a parent and as a patient."

Under the final bill, health plans are required to disclose upon request the criteria for medical necessity determinations and the reason for any denial made under the plan with respect to mental health and substance use disorder benefits to the participant or beneficiary.

**Out of Network:**

Xavier Ascanio testified how difficult it was to find a qualified provider in-network to treat his daughter for an eating disorder. He said that after dealing with a parade of providers who were not helpful, they finally found some who were knowledgeable and could really help. Unfortunately, the providers were not on any insurance company's PPO list.

Ms. Melinda Lemos-Jackson whose young son was diagnosed with an autism spectrum disorder when he was 3 years of age testified, "Would you go to an internist for a heart condition or would you go to a cardiologist? I have placed the calls to the clinicians, who upon interview, don't meet my son's needs, I

have tried some of the in-network clinicians who clearly are not suitable. I've sometimes spoken to highly regarded folks who are actually on the list, only to find out that their practices are closed or they can't take a child like my son at this time, so we get the services our son needs and we learn to bring our checkbook and our Visa. Our health insurance is not accepted."

What Mr. Ascanio and Ms. Lemos-Jackson described are "phantom networks." "Phantom networks" are networks offered by plans that lack an acceptable number and array of providers that offer real options for help or hope for people with mental illness or addiction.

Ensuring equitable access to out-of-network benefits for mental health and addiction benefits is critical for making sure patients receive the care they need. A February 2007 RAND Corporation study looked at one health plan and found only 11.8% of patients accessing mental health benefits under the plan received care out-of-network. Moreover, a December 2007 study in Health Affairs on parity in the FEHBP found that parity legislation that does not extend parity to out-of-network benefits may have the unintended consequence of decreasing access to mental health and addiction treatment services altogether.

The final bill requires health plans to have the same terms and financial limitations on out-of-network benefits for mental health and addiction treatment services as the plan has on medical and surgical services covered under the plan. Plans must provide out-of-network benefits for mental health and substance use disorders in exactly the same manner as out-of-network medical and surgical benefits provided under the plan in order to be in compliance with this Act.

**Wellness Plans:**

Wellness plans can include information about diet, exercise, stress management and other forms of chronic disease management tools, but they are no substitute for mental health and addiction benefits. Increasingly, we have seen employee assistance programs that provide drug and alcohol treatment move to providing family counseling, stress management and other extremely helpful resources—but they are not a substitute for addiction treatment.

The final bill would prohibit a plan from changing its benefit design to a "wellness plan" to avoid compliance with the parity requirements of this Act.

The Diagnostic and Statistical Manual DSM:

Kitty Westin, the President of the Eating Disorder Coalition, spoke movingly about the need for full diagnostic coverage of mental illnesses. Anna Westin, Kitty's daughter, died at the age of 21 due to lack of access to care for her severe eating disorder. Despite having the "Cadillac" of insurance policies, Anna was repeatedly denied the treatment she needed. Eating disorders, like other diagnoses affecting children and youth, are often singled out for denial, a form of discrimination that led to the strong push in this legislation to require insurers to use the widely-accepted Diagnostic and Statistical Manual (DSM), rather than allowing plans to pick and choose diagnostic coverage based on cost or bias.

The DSM is a diagnostic manual developed by the American Psychiatric Association, through an open process involving more than 1,000 national and international mental health researchers and clinicians. It is used by virtually all private insurance companies, along

with Medicaid, OPM for the Federal Employees Health Benefit Program, Tricare, and Medicare, which all require DSM criteria for the submission of claims. All NIH grant submissions, FDA drug indications for treatment, and legal indications for mental competency require the use of DSM codes and guidelines.

Despite this status as a recognized authority, the DSM itself became the focal point for many heated debates during the parity negotiations, launched by opponents of parity. However, in the end, language to require the DSM as the basis for coverage was not included in this bill. The final bill requires the Government Accountability Office (GAO) to monitor and report to Congress on the extent to which health plans comply with the requirements of this Act to provide meaningful parity to the millions of families who experience mental health or substance abuse conditions.

#### EARMARK DECLARATION

### HON. DOUG LAMBORN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Friday, September 26, 2008*

Mr. LAMBORN. Madam Speaker, pursuant to the Republican Leadership standards on earmarks, I am submitting the following information for publication in the CONGRESSIONAL RECORD regarding earmarks I received as part of H.R. 2638, Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, 2009.

Requesting Member: Congressman DOUG LAMBORN, CO-05.

Bill Number: H.R. 2638.

Account: 3600F RDT & E, Air Force, Line 13, PE 0602601F.

Legal Name of Requesting Entity: Aeroflex.

Address of Requesting Entity: 4350 Centennial Blvd. Colorado Blvd, Colorado Springs, CO 80907.

Description of Request: \$1.6 million is included in this bill for Radiation Hardened Non-Volatile Memory. This request is intended to aide in the development of radiation hardened non-volatile memory technology to be used in a variety of applications, principally satellites.

Requesting Member: Congressman DOUG LAMBORN, CO-05.

Bill Number: H.R. 2638.

Account: RDTE, AF.

Legal Name of Requesting Entity: Goodrich Corporation.

Address of Requesting Entity: 1275 North Newport Road, Colorado Springs, CO 80916.

Description of Request: \$5.6 million is included in this bill to fund ACES 5 ejection-seat development and testing for the Air Force-variant F-35 to enable insertion into F-35 LRIP to leverage the most capable and safest ejection seat ever developed and ensure that the U.S. preserves the domestic capability to produce vital life saving ejection seat systems for the Air Force.

Requesting Member: Congressman DOUG LAMBORN, CO-05.

Bill Number: H.R. 2638.

Account: RDT&E.

Legal Name of Requesting Entity: Analytical Graphics, Inc.

Address of Requesting Entity: 7150 Campus Drive, Suite 260, Colorado Springs, CO.

Description of Request: \$800,000 is included in this bill to incorporate space object

data, improve navigation accuracy prediction (including jamming and weapons modeling), and integrate electronic warfare (EW) analysis into a common operational environment for Army support teams. The user friendly interface will couple real time data integration with currently deployed and supported data feeds, including imagery, terrain, GPS status, electronic warfare environment, and terrestrial weather.

Requesting Member: Congressman DOUG LAMBORN, CO-05.

Bill Number: H.R. 2638.

Account: Research, Development, Test & Evaluation, Air Force.

Legal Name of Requesting Entity: Finmeccanica of North America.

Address of Requesting Entity: 1625 I Street, NW., Floor 12, Washington, DC 20006.

Description of Request: \$800,000 is included in this budget to demonstrate and qualify in a cold climate an innovative, energy efficient, alternative power technology, on an energy intensive Air Force installation. Utilizing tactical or readily available fuels, this first phase of qualifying will place a next generation power generator in a military environment while showcasing all the benefits (monetary, environmental, and technical) this technology can provide within various scenarios, such as "Silent Camp" or "Islanding".

Requesting Member: Congressman DOUG LAMBORN, CO-05.

Bill Number: H.R. 2638.

Account: Research, Development, Evaluation, & Test, DW.

Legal Name of Requesting Entity: Northrop Grumman Corporation.

Address of Requesting Entity: 1000 Wilson Blvd, Suite 2300 Arlington, VA 22209.

Description of Request: \$10 million is included in this budget for Missile Defense Integration & Operations Center (MDIOC) modeling and simulation. This ensures early Warfighter involvement and realistic BMDS operational concepts for the fielded system that will protect U.S. Homeland, our Allies, and U.S. troops from the threat of ballistic missile attack.

#### RECOGNIZING THE HONORABLE CHIP PICKERING ON THE OCCA- SION OF HIS RETIREMENT

### HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

*Friday, September 26, 2008*

Mr. BONNER. Madam Speaker, I rise today to honor the distinguished career of the Honorable CHARLES "CHIP" WILLIS PICKERING, JR. for his service to the people of Mississippi and United States House of Representatives. Congressman PICKERING has represented the 3rd Congressional District of the state of Mississippi for the past 12 years.

A native of Laurel, Mississippi, CHIP received a bachelor's degree in business administration from the University of Mississippi and a master's degree in business administration from Baylor University.

Before joining Congress, CHIP served as a Southern Baptist missionary in the communist region of Budapest, Hungary. Upon returning to the country, former President George H. W. Bush appointed him to the United States De-

partment of Agriculture as a liaison to bring reform to the Soviet Union and Eastern Europe.

Upon his return to the United States, CHIP went to work for the people of Mississippi as a staffer of former Mississippi Senator Trent Lott, where he served for nearly four years. At the age of 33, he ran as the Republican candidate for Mississippi's 3rd District in 1996.

Chip has taken the lead in passing FEMA and contracting reform legislation in the wake of 2005's Hurricane Katrina. As a member of the House Energy and Commerce Committee, Chip has been an influential leader on issues such as telecommunications and technology concerning Mississippi's future.

Madam Speaker, I ask my colleagues to join me in recognizing a dedicated leader and friend to many in this body. I know his family, his five sons, Will, Ross, Jackson, Asher, and Harper; his many friends and colleagues join me in praising his accomplishments and extending thanks for his service over the years on behalf of the state of Mississippi and the United States of America.

CHIP will surely enjoy the well deserved time he now has to spend with his family and loved ones. I wish him the best of luck in all his future endeavors.

#### IN RECOGNITION OF AIDS AWARENESS HISTORY MONTH

### HON. DANNY K. DAVIS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Friday, September 26, 2008*

Mr. DAVIS of Illinois. Madam Speaker, as we move into the month of October, I want to take a moment to recognize October as AIDS Awareness History Month. AIDS Awareness month provides an opportunity to focus on the fact that HIV/AIDS is a formidable problem across the country. The 2008 AIDS Awareness Month occurs at a time when we have learned that we are struggling in the fight against AIDS. In early August, the Centers for Disease Control and Prevention, CDC, released new statistics showing a 40 percent increase over previous estimates of new cases of HIV. The report found that that 53 percent of new HIV infections in 2006 were among gay and bisexual men, with almost one-third, 31 percent of new infections being among heterosexuals, which previous studies have shown have the greatest effect on African American women.

HIV/AIDS is a public health problem in our country and an emergency situation within the African American community. African Americans make up 13 percent of the United States population, but they account for 49 percent of the estimated AIDS cases diagnosed since the epidemic began. Since the beginning of the epidemic, African Americans have accounted for 42 percent of the estimated 950,000 AIDS cases diagnosed in the 50 states and the District of Columbia. Not only are African Americans more likely to get AIDS, they are more likely to die from it, with more than half of all AIDS-related deaths being among African Americans. The statistics in Illinois resemble those nationally. African Americans aged 13-24 have the highest average annual HIV rates. African American males aged 13-24 had an average annual HIV rate was 2.5 times higher than the rate in White males, and almost 4