This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 392, nays 23, not voting 18, as follows:

[Roll No. 624]

YEAS—392

Abercrombie
Ackerman
Aderholt
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp (MI)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson
Carter
Castle
Castor
Cazayoux
Chabot
Chandler
Childers
Clarke
Clay
Cleaver
Clyburn
Cohen
Cole (OK)
Conaway
Conyers
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cuellar
Culberson
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, Tom
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Donnelly
Doolittle
Doyle
Drake
Dreier
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Forbes
Fortenberry
Fossella
Foster
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gohmert
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jordan
Kagen
Kanjorski
Kaptur
Keller
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Nunes
Oberstar
Olver
Ortiz
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Pomeroy
Porter
Price (NC)
Putnam
Rahall
Ramstad
Rangel
Regula
Rehberg
Reichert
Renzi
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Speier
Spratt
Stupak
Sullivan
Sutton
Tancredo
Tanner
Tauscher
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weller
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NAYS—23

Akin
Broun (GA)
Buyer
Campbell (CA)
Coble
Davis, David
Deal (GA)
Duncan
Everett
Flake
Foxx
Gingrey
Goode
Goodlatte
Kingston
Lamborn
Mica
Price (GA)
Scalise
Stearns
Taylor
Weldon (FL)
Westmoreland

NOT VOTING—18

Braley (IA)
Cooper
Cubin
Cummings
Davis, Lincoln
Dingell
Doggett
Gonzalez
Gordon
Hulshof
Neugebauer
Obey
Pryce (OH)
Radanovich
Reyes
Rush
Stark
Velázquez

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1405

Mr. GOODLATTE changed his vote from ''yea'' to ''nay.''

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. BRALEY of Iowa. Mr. Speaker, on rollcall 622, the motion to recommit H.R. 5244, the Credit Cardholders Bill of Rights Act of 2008, I was not present. If I had been there, I would have voted ''nay.''

On rollcall 623, on passage of H.R. 5244, the Credit Cardholders Bill of Rights Act of 2008, I was not present. If I had been there, I would have voted ''aye.''

On rollcall 624, H.R. 6897, the Filipino Veterans Equity Act 2008, I was not present. If I had been there, I would have voted ''yea.''

PERSONAL EXPLANATION

Mr. NEUGEBAUER. Mr. Speaker, due to a family matter, I was absent for the following rollcall votes held September 22 and September 23, 2008. Had I been present, I would have voted as indicated for each rollcall listed: rollcall vote 616: ''nay,'' rollcall vote 617: ''nay,'' rollcall vote 618: ''yea,'' rollcall vote 619: ''nay,'' rollcall vote 620: ''no,'' rollcall vote 621: ''yea,'' rollcall vote 622: ''yea,'' rollcall vote 623: ''no,'' rollcall vote 624: ''yea.''

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SERRANO). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the additional motions to suspend the rules on which a recorded vote or the yeas and nays are ordered or on which the vote is objected to under clause 6 of rule XX.

Record votes on the postponed questions will be taken later.

PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6983) to amend section 712 of the Employee Retirement Income Security Act of 1974, section 2705 of the Public Health Service Act, and section 9812 of the Internal Revenue Code of 1986 to require equity in the provision of mental health and substance-related disorder benefits under group health plans, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6983

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 ''Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008''.

SEC. 2. MENTAL HEALTH PARITY.

(a) AMENDMENTS TO ERISA.—Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a) is amended—

(1) in subsection (a), by adding at the end the following:

''(3) FINANCIAL REQUIREMENTS AND TREATMENT LIMITATIONS.—

''(A) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health or substance use disorder benefits, such plan or coverage shall ensure that—

''(i) the financial requirements applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance use disorder benefits; and

''(ii) the treatment limitations applicable to such mental health or substance use disorder benefits are no more restrictive than

the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage) and there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits.

''(B) DEFINITIONS.—In this paragraph:

''(i) FINANCIAL REQUIREMENT.—The term 'financial requirement' includes deductibles, copayments, coinsurance, and out-of-pocket expenses, but excludes an aggregate lifetime limit and an annual limit subject to paragraphs (1) and (2).

''(ii) PREDOMINANT.—A financial requirement or treatment limit is considered to be predominant if it is the most common or frequent of such type of limit or requirement.

''(iii) TREATMENT LIMITATION.—The term 'treatment limitation' includes limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

''(4) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health or substance use disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health or substance use disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary in accordance with regulations.

''(5) OUT-OF-NETWORK PROVIDERS.—In the case of a plan or coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits, if the plan or coverage provides coverage for medical or surgical benefits provided by out-of-network providers, the plan or coverage shall provide coverage for mental health or substance use disorder benefits provided by out-of-network providers in a manner that is consistent with the requirements of this section.'';

(2) in subsection (b), by amending paragraph (2) to read as follows:

''(2) in the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides mental health or substance use disorder benefits, as affecting the terms and conditions of the plan or coverage relating to such benefits under the plan or coverage, except as provided in subsection (a).'';

(3) in subsection (c)—

(A) in paragraph (1)(B)—

(i) by inserting ''(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)'' after ''at least 2'' the first place that such appears; and

(ii) by striking ''and who employs at least 2 employees on the first day of the plan year''; and

(B) by striking paragraph (2) and inserting the following:

''(2) COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance use disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year. An employer may elect to continue to apply mental health and substance use disorder parity pursuant to this section with respect to the group health plan (or coverage) involved regardless of any increase in total costs.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this subparagraph shall be—

''(i) 2 percent in the case of the first plan year in which this section is applied; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan or health insurance issuer for a period of 6 years following the notification made under subparagraph (E).

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with a group health plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—

''(i) IN GENERAL.—A group health plan (or a health insurance issuer offering coverage in connection with a group health plan) that, based upon a certification described under subparagraph (C), qualifies for an exemption under this paragraph, and elects to implement the exemption, shall promptly notify the Secretary, the appropriate State agencies, and participants and beneficiaries in the plan of such election.

''(ii) REQUIREMENT.—A notification to the Secretary under clause (i) shall include—

''(I) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan (or coverage);

''(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance use disorder benefits under the plan; and

''(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance use disorder benefits under the plan.

''(iii) CONFIDENTIALITY.—A notification to the Secretary under clause (i) shall be confidential. The Secretary shall make available, upon request and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(I) a breakdown of States by the size and type of employers submitting such notification; and

''(II) a summary of the data received under clause (ii).

''(F) AUDITS BY APPROPRIATE AGENCIES.—To determine compliance with this paragraph, the Secretary may audit the books and records of a group health plan or health insurance issuer relating to an exemption, including any actuarial reports prepared pursuant to subparagraph (C), during the 6-year period following the notification of such exemption under subparagraph (E). A State agency receiving a notification under subparagraph (E) may also conduct such an audit with respect to an exemption covered by such notification.'';

(4) in subsection (e), by striking paragraph (4) and inserting the following:

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable Federal and State law.

''(5) SUBSTANCE USE DISORDER BENEFITS.—The term 'substance use disorder benefits' means benefits with respect to services for substance use disorders, as defined under the terms of the plan and in accordance with applicable Federal and State law.'';

(5) by striking subsection (f);

(6) by inserting after subsection (e) the following:

''(f) SECRETARY REPORT.—The Secretary shall, by January 1, 2012, and every two years thereafter, submit to the appropriate committees of Congress a report on compliance of group health plans (and health insurance coverage offered in connection with such plans) with the requirements of this section. Such report shall include the results of any surveys or audits on compliance of group health plans (and health insurance coverage offered in connection with such plans) with such requirements and an analysis of the reasons for any failures to comply.

''(g) NOTICE AND ASSISTANCE.—The Secretary, in cooperation with the Secretaries of Health and Human Services and Treasury, as appropriate, shall publish and widely disseminate guidance and information for group health plans, participants and beneficiaries, applicable State and local regulatory bodies, and the National Association of Insurance Commissioners concerning the requirements of this section and shall provide assistance concerning such requirements and the continued operation of applicable State law. Such guidance and information shall inform participants and beneficiaries of how they may obtain assistance under this section, including, where appropriate, assistance from State consumer and insurance agencies.'';

(7) by striking ''mental health benefits'' and inserting ''mental health and substance use disorder benefits'' each place it appears in subsections (a)(1)(B)(i), (a)(1)(C), (a)(2)(B)(i), and (a)(2)(C); and

(8) by striking ''mental health benefits'' and inserting ''mental health or substance use disorder benefits'' each place it appears (other than in any provision amended by the previous paragraph).

(b) AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.—Section 2705 of the Public Health Service Act (42 U.S.C. 300gg–5) is amended—

(1) in subsection (a), by adding at the end the following:

''(3) FINANCIAL REQUIREMENTS AND TREATMENT LIMITATIONS.—

''(A) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health or substance use disorder benefits, such plan or coverage shall ensure that—

''(i) the financial requirements applicable to such mental health or substance use disorder benefits are no more restrictive than

the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance use disorder benefits; and

''(ii) the treatment limitations applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage) and there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits.

''(B) DEFINITIONS.—In this paragraph:

''(i) FINANCIAL REQUIREMENT.—The term 'financial requirement' includes deductibles, copayments, coinsurance, and out-of-pocket expenses, but excludes an aggregate lifetime limit and an annual limit subject to paragraphs (1) and (2),

''(ii) PREDOMINANT.—A financial requirement or treatment limit is considered to be predominant if it is the most common or frequent of such type of limit or requirement.

''(iii) TREATMENT LIMITATION.—The term 'treatment limitation' includes limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

''(4) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health or substance use disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health or substance use disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary in accordance with regulations.

''(5) OUT-OF-NETWORK PROVIDERS.—In the case of a plan or coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits, if the plan or coverage provides coverage for medical or surgical benefits provided by out-of-network providers, the plan or coverage shall provide coverage for mental health or substance use disorder benefits provided by out-of-network providers in a manner that is consistent with the requirements of this section.'';

(2) in subsection (b), by amending paragraph (2) to read as follows:

''(2) in the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides mental health or substance use disorder benefits, as affecting the terms and conditions of the plan or coverage relating to such benefits under the plan or coverage, except as provided in subsection (a).'';

(3) in subsection (c)—

(A) in paragraph (1), by inserting before the period the following: ''(as defined in section 2791(e)(4), except that for purposes of this paragraph such term shall include employers with 1 employee in the case of an employer residing in a State that permits small groups to include a single individual)''; and

(B) by striking paragraph (2) and inserting the following:

''(2) COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance use disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year. An employer may elect to continue to apply mental health and substance use disorder parity pursuant to this section with respect to the group health plan (or coverage) involved regardless of any increase in total costs.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this subparagraph shall be—

''(i) 2 percent in the case of the first plan year in which this section is applied; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan or health insurance issuer for a period of 6 years following the notification made under subparagraph (E).

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with a group health plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—

''(i) IN GENERAL.—A group health plan (or a health insurance issuer offering coverage in connection with a group health plan) that, based upon a certification described under subparagraph (C), qualifies for an exemption under this paragraph, and elects to implement the exemption, shall promptly notify the Secretary, the appropriate State agencies, and participants and beneficiaries in the plan of such election.

''(ii) REQUIREMENT.—A notification to the Secretary under clause (i) shall include—

''(I) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan (or coverage);

''(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance use disorder benefits under the plan; and

''(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance use disorder benefits under the plan.

''(iii) CONFIDENTIALITY.—A notification to the Secretary under clause (i) shall be confidential. The Secretary shall make available, upon request and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(I) a breakdown of States by the size and type of employers submitting such notification; and

''(II) a summary of the data received under clause (ii).

''(F) AUDITS BY APPROPRIATE AGENCIES.—To determine compliance with this paragraph, the Secretary may audit the books and records of a group health plan or health insurance issuer relating to an exemption, including any actuarial reports prepared pursuant to subparagraph (C), during the 6-year period following the notification of such exemption under subparagraph (E). A State agency receiving a notification under subparagraph (E) may also conduct such an audit with respect to an exemption covered by such notification.'';

(4) in subsection (e), by striking paragraph (4) and inserting the following:

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable Federal and State law.

''(5) SUBSTANCE USE DISORDER BENEFITS.—The term 'substance use disorder benefits' means benefits with respect to services for substance use disorders, as defined under the terms of the plan and in accordance with applicable Federal and State law.'';

(5) by striking subsection (f);

(6) by striking ''mental health benefits'' and inserting ''mental health and substance use disorder benefits'' each place it appears in subsections (a)(1)(B)(i), (a)(1)(C), (a)(2)(B)(i), and (a)(2)(C); and

(7) by striking ''mental health benefits'' and inserting ''mental health or substance use disorder benefits'' each place it appears (other than in any provision amended by the previous paragraph).

(c) AMENDMENTS TO INTERNAL REVENUE CODE.—Section 9812 of the Internal Revenue Code of 1986 is amended—

(1) in subsection (a), by adding at the end the following:

''(3) FINANCIAL REQUIREMENTS AND TREATMENT LIMITATIONS.—

''(A) IN GENERAL.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance use disorder benefits, such plan shall ensure that—

''(i) the financial requirements applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan, and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance use disorder benefits; and

''(ii) the treatment limitations applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan and there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits.

''(B) DEFINITIONS.—In this paragraph:

''(i) FINANCIAL REQUIREMENT.—The term 'financial requirement' includes deductibles, copayments, coinsurance, and out-of-pocket expenses, but excludes an aggregate lifetime limit and an annual limit subject to paragraphs (1) and (2),

''(ii) PREDOMINANT.—A financial requirement or treatment limit is considered to be predominant if it is the most common or frequent of such type of limit or requirement.

''(iii) TREATMENT LIMITATION.—The term 'treatment limitation' includes limits on the frequency of treatment, number of visits,

days of coverage, or other similar limits on the scope or duration of treatment.

''(4) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health or substance use disorder benefits shall be made available by the plan administrator in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan of reimbursement or payment for services with respect to mental health or substance use disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator to the participant or beneficiary in accordance with regulations.

''(5) OUT-OF-NETWORK PROVIDERS.—In the case of a plan that provides both medical and surgical benefits and mental health or substance use disorder benefits, if the plan provides coverage for medical or surgical benefits provided by out-of-network providers, the plan shall provide coverage for mental health or substance use disorder benefits provided by out-of-network providers in a manner that is consistent with the requirements of this section.'';

(2) in subsection (b), by amending paragraph (2) to read as follows:

''(2) in the case of a group health plan that provides mental health or substance use disorder benefits, as affecting the terms and conditions of the plan relating to such benefits under the plan, except as provided in subsection (a).'';

(3) in subsection (c)—

(A) by amending paragraph (1) to read as follows:

''(1) SMALL EMPLOYER EXEMPTION.—

''(A) IN GENERAL.—This section shall not apply to any group health plan for any plan year of a small employer.

''(B) SMALL EMPLOYER.—For purposes of subparagraph (A), the term 'small employer' means, with respect to a calendar year and a plan year, an employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year. For purposes of the preceding sentence, all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as 1 employer and rules similar to rules of subparagraphs (B) and (C) of section 4980D(d)(2) shall apply.''; and

(B) by striking paragraph (2) and inserting the following:

''(2) COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan, if the application of this section to such plan results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance use disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan during the following plan year, and such exemption shall apply to the plan for 1 plan year. An employer may elect to continue to apply mental health and substance use disorder parity pursuant to this section with respect to the group health plan involved regardless of any increase in total costs.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan, the applicable percentage described in this subparagraph shall be—

''(i) 2 percent in the case of the first plan year in which this section is applied; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan for a period of 6 years following the notification made under subparagraph (E).

''(D) 6-MONTH DETERMINATIONS.—If a group health plan seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—

''(i) IN GENERAL.—A group health plan that, based upon a certification described under subparagraph (C), qualifies for an exemption under this paragraph, and elects to implement the exemption, shall promptly notify the Secretary, the appropriate State agencies, and participants and beneficiaries in the plan of such election.

''(ii) REQUIREMENT.—A notification to the Secretary under clause (i) shall include—

''(I) a description of the number of covered lives under the plan involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan;

''(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance use disorder benefits under the plan; and

''(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance use disorder benefits under the plan.

''(iii) CONFIDENTIALITY.—A notification to the Secretary under clause (i) shall be confidential. The Secretary shall make available, upon request and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(I) a breakdown of States by the size and type of employers submitting such notification; and

''(II) a summary of the data received under clause (ii).

''(F) AUDITS BY APPROPRIATE AGENCIES.—To determine compliance with this paragraph, the Secretary may audit the books and records of a group health plan relating to an exemption, including any actuarial reports prepared pursuant to subparagraph (C), during the 6-year period following the notification of such exemption under subparagraph (E). A State agency receiving a notification under subparagraph (E) may also conduct such an audit with respect to an exemption covered by such notification.'';

(4) in subsection (e), by striking paragraph (4) and inserting the following:

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable Federal and State law.

''(5) SUBSTANCE USE DISORDER BENEFITS.—The term 'substance use disorder benefits' means benefits with respect to services for substance use disorders, as defined under the terms of the plan and in accordance with applicable Federal and State law.'';

(5) by striking subsection (f);

(6) by striking ''mental health benefits'' and inserting ''mental health and substance use disorder benefits'' each place it appears in subsections (a)(1)(B)(i), (a)(1)(C), (a)(2)(B)(i), and (a)(2)(C); and

(7) by striking ''mental health benefits'' and inserting ''mental health or substance use disorder benefits'' each place it appears (other than in any provision amended by the previous paragraph).

(d) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, the Secretaries of Labor, Health and Human Services, and the Treasury shall issue regulations to carry out the amendments made by subsections (a), (b), and (c), respectively.

(e) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by this section shall apply with respect to group health plans for plan years beginning after the date that is 1 year after the date of enactment of this Act, regardless of whether regulations have been issued to carry out such amendments by such effective date, except that the amendments made by subsections (a)(5), (b)(5), and (c)(5), relating to striking of certain sunset provisions, shall take effect on January 1, 2009.

(2) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before the date of the enactment of this Act, the amendments made by this section shall not apply to plan years beginning before the later of—

(A) the date on which the last of the collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of the enactment of this Act), or

(B) January 1, 2009.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

(f) ASSURING COORDINATION.—The Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury may ensure, through the execution or revision of an interagency memorandum of understanding among such Secretaries, that—

(1) regulations, rulings, and interpretations issued by such Secretaries relating to the same matter over which two or more such Secretaries have responsibility under this section (and the amendments made by this section) are administered so as to have the same effect at all times; and

(2) coordination of policies relating to enforcing the same requirements through such Secretaries in order to have a coordinated enforcement strategy that avoids duplication of enforcement efforts and assigns priorities in enforcement.

(g) CONFORMING CLERICAL AMENDMENTS.—

(1) ERISA HEADING.—

(A) IN GENERAL.—The heading of section 712 of the Employee Retirement Income Security Act of 1974 is amended to read as follows:

''SEC. 712. PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.''.

(B) CLERICAL AMENDMENT.—The table of contents in section 1 of such Act is amended by striking the item relating to section 712 and inserting the following new item:

''Sec. 712. Parity in mental health and substance use disorder benefits.''.

(2) PHSA HEADING.—The heading of section 2705 of the Public Health Service Act is amended to read as follows:

''SEC. 2705. PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.''.

(3) IRC HEADING.—

(A) IN GENERAL.—The heading of section 9812 of the Internal Revenue Code of 1986 is amended to read as follows:

"SEC. 9812. PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.".

(B) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of such Code is amended by striking the item relating to section 9812 and inserting the following new item:

''Sec. 9812. Parity in mental health and substance use disorder benefits.''.

(h) GAO STUDY ON COVERAGE AND EXCLUSION OF MENTAL HEALTH AND SUBSTANCE USE DISORDER DIAGNOSES.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study that analyzes the specific rates, patterns, and trends in coverage and exclusion of specific mental health and substance use disorder diagnoses by health plans and health insurance. The study shall include an analysis of—

(A) specific coverage rates for all mental health conditions and substance use disorders;

(B) which diagnoses are most commonly covered or excluded;

(C) whether implementation of this Act has affected trends in coverage or exclusion of such diagnoses; and

(D) the impact of covering or excluding specific diagnoses on participants' and enrollees' health, their health care coverage, and the costs of delivering health care.

(2) REPORTS.—Not later than 3 years after the date of the enactment of this Act, and 2 years after the date of submission the first report under this paragraph, the Comptroller General shall submit to Congress a report on the results of the study conducted under paragraph (1).

SEC. 3. DELAY IN APPLICATION OF WORLDWIDE ALLOCATION OF INTEREST.

(a) IN GENERAL.—Paragraphs (5)(D) and (6) of section 864(f) of the Internal Revenue Code of 1986 are each amended by striking ''December 31, 2010'' and inserting ''December 31, 2012''.

(b) TRANSITION.—Paragraph (7) of section 864(f) of such Code is amended by striking ''30 percent'' and inserting ''85 percent''.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. 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. Mr. Speaker, I ask unanimous consent that the gentleman from California (Mr. STARK) and the gentleman from New Jersey (Mr. ANDREWS) each be permitted to control 6½ minutes of my time.

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

There was no objection.

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

Mr. Speaker, I rise today in support of the passage of H.R. 6983, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, a comprehensive bill which will establish full mental health and addiction care parity.

We live in a time when discrimination in any form against any person should not be tolerated. One out of every five adults in the U.S. suffers from mental health or substance abuse disorders on an annual basis, and yet studies show that people with mental illnesses continue to face insurers and employers unwilling to provide them the same level of care they would for a medical problem.

The legislation before us will fully ensure equity in the coverage for mental illness and substance abuse disorders by requiring that group health plans with mental health coverage offer that coverage without the imposition of discriminatory financial requirements or discriminatory treatment limitations.

I want to recognize two of my colleagues, Representative PATRICK KENNEDY and Representative JIM RAMSTAD, who have worked tirelessly to bring this bill to the floor. We can't delay any longer. I strongly urge my colleagues to vote in favor of the passage of this important legislation.

I reserve the balance of my time.

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

Mental health deserves serious attention. We all share in this concern. The debate around mental health parity hinges on that principle, does government really know what is best? Isn't it better to allow consumers choice and not a one-size-fits-all government-dictated mandate? People should be able to decide if they want to pay more for health insurance.

We have been here before, and, from what I am told, this isn't the only time or possibility even this week that we will be considering a government-dictated mental health mandate.

Earlier this year, the House passed H.R. 1424, a bill that served as the House mental health parity bill for purposes of negotiation with the Senate. At the time, CBO estimated that H.R. 1424 would have increased premiums for group health insurance by an average of about four-tenths of 1 percent before accounting for the responses of health plans, employers and workers to the higher premiums. Those responses would include reductions in the number of employees enrolling in employer insurance, changes in the types of health plans that are offered, including eliminating coverage for mental health benefits and/or substance benefits, and reductions in the scope or generosity of health benefits, such as increased deductibles or higher copayments.

I opposed H.R. 1424 for these and other reasons regarding the offsets presented at that time, as well as many of my colleagues on Energy and Commerce.

The bill before us today is not H.R. 1424. It may be confusing to see this stand-alone mental health parity bill here today, since I know we just passed one a few months ago. After a little digging, I soon realized that this bill is a cut-and-paste of the same agreed-upon text from the tax extenders bill originating in the Senate to be sent over to this body to consider possibly as early as today or tomorrow. So what the majority has done is take language negotiated directly with the Senate without any House Democrats in the room and dropped into another stand-alone bill.

One has to wonder why we are considering this bill today, when the exact same language is on its way over to us pursuant to an agreement between the majority and the Senate. Is this just another political gimmick by the Democrat leadership?

This is a prime example of what happens when Democrats stop leading on issues and start politicking. The Democrat do-nothing Congress is doing something today. Instead of addressing outstanding issues our country faces, such as a need for real energy reform, they are hard at work to put in front of us a bill that already passed the House this year and will be arriving momentarily from the Senate. Are we really supposed to pass the same bill three times this year? That is not progress. That is a waste of taxpayer time.

Mr. Speaker, I reserve the balance of our time.

Mr. ANDREWS. Mr. Speaker, I am pleased at this time to yield 2 minutes to the chairman of the Education and Labor Committee, the gentleman from California (Mr. GEORGE MILLER).

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Speaker, I rise in very strong support of this legislation. It is an important piece of legislation. It does some very important things for families and individuals with mental health problems.

H.R. 6983 amends the Employer Retirement Income Security Act to prohibit employers and group health plans from imposing mental health or substance abuse treatment limitations, financial requirements or out-of-network coverage limitations, unless comparable limitation requirements are imposed upon medical surgical benefits.

Under this provision, if a mental health plan permits individuals to go to an emergency room for a medical condition without prior authorization or an out-of-network hospital or treatment center at in-network rates for a medical condition, then the plan must apply the same rules to an individual suffering from mental illness or substance abuse.

However, if a group plan does offer mental health or substance abuse benefits, there must be equity between the mental health or substance abuse coverage and all comparable medical and surgical benefits in the plan. Nothing

in H.R. 6983 is intended to preempt the stronger State mental health and substance abuse parity laws.

Having said that, I want to pay tribute to two of our colleagues. JIM RAMSTAD, who has been tireless in his effort to see this measure become law, and hopefully with our actions today it will be on its way to the President's desk and become law. I just want to thank you on behalf of so many families, not just my constituents who have mental health illness problems in their families, but so many families in America and individuals, for your work on this legislation.

And to PATRICK KENNEDY, our colleague who again has just done a remarkable job of rounding up support and votes for this legislation and getting to people to explain it to them, to get them to understand it and appreciate the problems that these families have when they try to get services from the insurance plans, from their health networks, and the barriers that are erected in front of them.

Hopefully this legislation will do what it is supposed to do to make sure that they can get treatment, they can get care, and they don't have to run all of the gauntlet that they today encounter with those barriers.

So to Congressman RAMSTAD, thank you so very much for all of your work, and to PATRICK KENNEDY, thank you so very, very much for all of your advocacy on this legislation.

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Mr. TERRY. Mr. Speaker, the Energy and Commerce Committee is not taking a position saying or encouraging other Members to vote for or against this bill. Our frustration is with the process on this bill.

At this time, I want to, seeing no other Energy and Commerce speakers here, yield the balance of my time to Mr. RAMSTAD of the Ways and Means Committee.

The SPEAKER pro tempore. Without objection, the gentleman from Minnesota will control the time.

There was no objection.

Mr. RAMSTAD. I thank the gentleman for yielding.

Mr. Speaker, we would not be having the debate here today without the compassionate leadership of the late Senator Paul Wellstone.

I want to thank the Speaker and majority leader, as well as Chairmen RANGEL, STARK, GEORGE MILLER, DINGELL, PALLONE and ANDREWS, for their key support.

The issue before us today is not just another public policy issue. The issue today before us is a matter of life and death for 54 million Americans suffering the ravages of mental illness and 26 million Americans suffering from chemical addiction.

Last year alone, more than 30,000 Americans committed suicide from untreated depression and 150,000 Americans died as the direct result of chemical addiction. On top of the tragic loss of lives, untreated addiction and mental illness cost our economy $550 billion last year, according to the Wall Street Journal. In fact, the Journal cited $70 billion was lost from our economy because of untreated depression alone.

I am alive and sober today only because of the access that I had to treatment following my last alcoholic blackout on July 31, 1981. I woke up that day in a jail cell in Sioux Falls, South Dakota, and I am living proof that treatment works and recovery is possible. But far too many people in our country don't have the same access to treatment that I and other Members of Congress, other Federal employees have.

A major barrier for thousands of Americans is insurance discrimination, plain and simple, against people in health plans who need treatment for mental illness or chemical addiction. The legislation my friend from Rhode Island (Mr. KENNEDY) and I have authored, H.R. 6983 before us today, would end this discrimination by prohibiting health insurers from placing discriminatory restrictions on treatment for people with mental illness or addiction.

No more inflated deductibles or copayments that don't exist for physical diseases. No more limited treatment stays that don't apply to physical ailments, no more discrimination against people with mental illness or chemical addiction.

I just want to say a word about the chief sponsor of this legislation, Mr. KENNEDY, who has worked tirelessly on this bill. We have worked together for many years now on this legislation since he first came to the House. I want to publicly acknowledge and thank Mr. KENNEDY, who has not only worked hard on this legislation, but has been an inspiration to literally hundreds of thousands of Americans as we traveled this country to 14 States, holding field hearings on this important legislation.

Simply stated, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, which has, by the way, 274 cosponsors from both sides of the aisle, simply stated, provides equal treatment for diseases of the brain with the body. Diseases of the brain should be treated the same as diseases of the body.

There is no government mandate. Nobody is mandated to insure anybody for treatment for mental illness or chemical addiction. There is no mandate in this bill. All it says is if your policy includes coverage for mental illness or addiction, then you cannot be discriminated against, that is, those ailments must be treated the same as physical ailments.

Providing treatment equity is not only the right thing to do, it's the cost-effective thing to do. Believe me, we have over the last 12 years assembled all the empirical data in the world, all the actuarial studies in the world, and they all showed the same thing, that equity for mental health and addiction treatment will save, not cost, but save, literally, billions of dollars nationally.

At the same time, treatment parity will not raise premiums more than two-tenths of 1 percent. That's according to the Congressional Budget Office. Let me repeat that. Premiums will not raise more than two-tenths of 1 percent.

So, in other words, for the price of a cheap cup of coffee per month, I am not talking about a fancy restaurant, I am talking about Pete's Diner, where many of us go, millions of people could receive treatment for chemical addiction and mental illness. In fact, 16 million people of the 26 million people in health plans could receive treatment under this bill.

When my friend from Rhode Island and I traveled this country holding field hearings on this legislation, we heard, literally, hundreds and hundreds of stories of human suffering that ripped your heart out, broken families, tragic deaths, ruined careers, shattered dreams, all because insurance companies would not provide access to treatment for mental illness and addiction for people who were in health plans. We could change that here today.

It's time to end the discrimination against people who need treatment for mental illness and addiction. It's time to prohibit health insurers from placing discriminatory barriers on treatment. It's time to join the coalition of insurance companies, yes, I said insurance companies. More than 10 of them now support this, as well as the major business groups who support parity. They know it's cost effective, they know parity saves health care dollars. It's time to make this bipartisan legislation the law of the land.

The people of America cannot wait any longer for Congress to act.

Mr. David Wellstone
Son of the late Senator Paul Wellstone
Co-Founder, Wellstone Action

STATEMENT FOR THE RECORD IN SUPPORT OF THE PASSAGE OF THE PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008, SEPTEMBER, 2008

I am pleased to speak in support of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. This legislation is critically important to the future of health care, and it is also very close to my heart. During my father's time in the Senate, he never stopped fighting for fairness in coverage and treatment for mental illness and substance use disorders. My family and I are grateful for the tribute that the Senate and the House have paid to my father's legacy by naming the bill after him, as well as his close colleague, Sen. Pete Domenici.

My brother and I founded Wellstone Action to carry on my father's work, and through this organization, thousands of people are trained each year to run for office and to develop grassroots skills in organizing and leadership. But nothing represents my father's passion and commitment more than his work to pass legislation that would end the discrimination against those with mental illness and substance use disorders. This

legislation is a major achievement and will do so much to end that discrimination.

For some time, I have been coming to Washington to speak on behalf of this legislation, but the fight for parity has a long history with many milestones: the 1996 federal law; the 1999 Executive Order that gave federal employees mental health and addiction parity benefits; the many successes at the state level to strengthen their parity laws; the times that Congress came very close to passing the expansion of the federal law; and the endorsement by President Bush in 2002. For my father, these milestones were very personal. His dedication stemmed from his personal observations of the terrible conditions in psychiatric institutions when his brother was hospitalized in the 1950s. These conditions, and the eventual catastrophic financial toll that my grandparents had to bear, inspired my father to do everything he could to make things right for those in similar circumstances.

The legislation that my father and Sen. Domenici passed in 1996 was groundbreaking and important, for it established in law an important first principle of parity: that those with mental illness should not be discriminated against in insurance coverage. But my father knew that it was not enough, and that is why this legislation is so necessary. It is the critically important next step toward ending the persistent discrimination against people who suffer from mental illness and addiction.

In the House, the tireless leadership of Congressman Patrick Kennedy and Congressman Jim Ramstad has been extraordinary, especially with the groundbreaking inclusion of substance use disorders in the parity bill and their protection of the rights of patients. They and the House Leadership, especially Speaker Nancy Pelosi and Majority Leader Steny Hoyer, should be proud of their efforts to make this legislation one that will strongly protect the needs of millions of Americans who have mental illness and substance use disorders. In the House, the efforts by the Chairmen of the Energy and Commerce, Ways and Means, and Education and Labor Committees should be proud of their successful efforts to fight for the rights of those with these illnesses. And, as I know well, nothing is accomplished without the unflagging commitment of hundreds of dedicated staff and advocates who have worked so hard to right the wrong of discrimination that has existed for so long in our country.

I also want to extend my deep gratitude to former First Lady Rosalynn Carter for her many years of leadership on this issue and many other problems related to mental illness. She and my father worked closely together on parity for many years, and he was always grateful for her support and leadership.

We know that mental illness is a real, painful, and sometimes fatal disease. It is also a treatable disease. My father used to say that the gap between what we know and what we do is lethal. Available medications and psychological treatments, alone or in combination, can help most people who suffer from mental illness and addiction. But without adequate treatment, these illnesses can continue or worsen in severity. Suicide is the third leading cause of death of young people in the U.S. Each year, 32,000 Americans take their lives, hundreds of thousands attempt to do so, and in 90% of these situations, the cause is untreated mental illness. This legislation will save lives. It will also go a long way toward ending the stigma that is behind the discrimination.

People have asked me why I am so involved in this issue. My first response is, ''Because of my father, of course''. I loved him and I miss him, and I have learned that many others here in Washington and throughout the country miss him too, especially his courage and his compassion. He fought hard for those who had no voice, and he had a strong personal commitment to helping those with mental illness and addiction. After he died, Congressional members honored him and my family by promising to name the parity bill after him, and this meant a great deal to my family. But I also knew the kind of man my father was, and the kind of parity bill he would have wanted finally passed into law, and I wanted to help ensure that the final bill was one worthy of his name. The safeguards for patients that have been included in this final bill, such as protections of stronger state laws, out of network benefits, oversight of diagnosis coverage, and transparency of medical necessity, are essential to a strong law. This Congress can be remembered as the one that had the courage and leadership to pass a strong parity bill, one where everyone's voices had a chance to be heard.

I, along with millions of Americans, look forward to the day when people with mental illness and substance use disorder receive decent, humane, and timely care. The passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 brings us so much closer to this day.

Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I yield myself such time as I may consume, and I will be brief.

I am here to establish my ranking among distinguished Members like Chairman DINGELL, Chairman PALLONE, Chairman MILLER, Chairman ANDREWS, Ranking Member MCCRERY, Ranking Member CAMP and all of my colleagues. We all get the title today as pieces of parsley on a platter of fish. We are here to garnish the work that JIM RAMSTAD and PATRICK KENNEDY, led by former Senator Wellstone and Senator DOMENICI, have accomplished with diligent hard work. Without it, we would not be here to protect the people and add the protection that people need.

I urge my colleagues to support the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, H.R. 6893, to honor PATRICK and JIM for the marvelous work they have done.

Mr. Speaker, I reserve the balance of my time.

Mr. RAMSTAD. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Connecticut, who has been a long supporter of parity, Mr. SHAYS.

Mr. SHAYS. Mr. Speaker, I rise in support of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. Twenty-five percent of the U.S. adult population suffers from mental disorders or substance abuse disorders.

Yet despite the prevalence of mental disorders, there continues to be widespread misinformation and ignorance surrounding the condition. We need to ensure those who have treatment have access to care. At the same time, we need to increase biomedical research into the causes of and treatments for mental illness.

It is estimated 98 percent of private health insurance plans discriminate against patients seeking treatment for mental illness by requiring higher copayments, allowing fewer doctor visits or days in the hospital, or requiring larger deductibles than imposed on other medical illnesses. With passage of this legislation, we will end these discriminatory practices and bring mental health care on par with care for physical ailments.

I congratulate my friends, Congressman RAMSTAD and Congressman KENNEDY, for all their efforts to help the mentally ill.

I urge adoption of this legislation.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Rhode Island, who has worked so tirelessly as a chief sponsor of this bill, Mr. KENNEDY.

Mr. KENNEDY. Mr. Speaker, I rise in support of H.R. 6983, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.

I would like to acknowledge the hard work of Chairmen DINGELL, RANGEL and MILLER, as well as subcommittee Chairmen STARK, PALLONE and ANDREWS, without whose unflagging commitment to this bill we would not be so close to sending it to the President's desk.

I would also like to thank Speaker of the House NANCY PELOSI, and our majority leader, STENY HOYER, and the whole Democratic leadership for their consistent support in making this bill a top priority.

I most would like to thank my good friend, JIM RAMSTAD. JIM is leaving this year, and there will be no greater testament to his devotion to those with mental illness and substance abuse disorders than to see this bill signed into law by President Bush this year.

Mr. Speaker, I have a letter in support of this bill from former First Lady Rosalynn Carter, who has been such a champion for this issue, and I will insert it into the RECORD.

STATEMENT FOR THE RECORD IN SUPPORT OF THE PASSAGE OF THE PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 BY MRS. ROSALYNN CARTER, FORMER FIRST LADY OF THE UNITED STATES, CHAIRWOMAN, CARTER CENTER'S MENTAL HEALTH TASK FORCE, ATLANTA, GEORGIA

I am pleased to have the opportunity to express my strong support for the passage of a critical health issue facing millions of Americans: parity for the treatment of mental illnesses and substance use disorders.

I have been working on mental health issues for more than 35 years. When I began no one understood the brain or how to treat mental illnesses. Today everything has changed—except stigma, of course, which holds back progress in the field.

Because of research and our new knowledge of the brain, mental illnesses now can be diagnosed and treated effectively, and the overwhelming majority of those affected can lead normal lives—being contributing citizens in our communities.

I join many individuals and hundreds of national organizations calling for an end to the fundamental, stigmatizing inequity of providing far more limited insurance coverage for mental health care than for treatment of any other illnesses. Again, I join

forces with my friend Betty Ford in urging action on this important issue.

Jimmy and I founded The Carter Center 25 years ago, and I have a very good mental health program there. Annually we bring together leaders to take action on major mental health issues of concern to the nation. We have focused many times on stigma and discrimination and the importance of insuring adequate, equitable coverage for people with mental illnesses.

To me, it is unconscionable in our country and morally unacceptable to treat 20 percent of our population (1 in every 5 people in our country will experience a mental illness this year) as though they were not worthy of care. We preach human rights and civil rights and yet we let people suffer because of an illness they didn't ask for and for which there is sound treatment. Then we pay the price for this folly in homelessness, lives lost, families torn apart, loss of productivity, and the costs of treatment in our prisons and jails.

I have always believed that if insurance covered mental illnesses, it would be all right to have them. This may be why the stigma has remained so pervasive—because these illnesses are treated differently from other health conditions.

All mental illnesses are potentially devastating. But today living a life in recovery from a mental illness is not only possible, but expected. We had an intern at The Carter Center this spring, for example, who has obsessive compulsive disorder and depression. While she was in high school, she once spent two solid weeks in her house, unable to leave or be with her friends. I am happy to say that she received treatment, is a college graduate with Phi Beta Kappa honors, and just got a job in Washington, DC. Without resources and support, she could still be sick and shut in her home, which is what happens to so many who do not get the help they need because of lack of the ability to pay for services. We as a country lose all the many contributions of these wonderful people.

I have the pleasure of being friends with Tom Johnson, the former publisher of the Los Angeles Times and former CEO of CNN and a person who has struggled with depression. He has been interested in the mental health benefits offered by employers in Atlanta. He and two other prominent CEOs in the Atlanta community—all of whom have suffered from severe depression and are now great leaders—have had an enormous impact on businesses in the area.

Through the research of people like Howard Goldman and Richard Frank, we know that parity in insurance benefits for behavioral health care has no significant increase in total costs when coupled with management of care. We also know that a number of enlightened companies such as AT&T, Delta Air Lines, Eastman Kodak, General Motors, and IBM have provided comprehensive coverage for their employees. (Report to the Office of Personnel Management, by Washington Business Group on Health)

Since the mental health commission we held during Jimmy's presidency, there have been several major reports released including the first Surgeon General's Report on Mental Health, President Bush's New Freedom Commission on Mental Health, and the Institute of Medicine included mental and substance use conditions in its series of reports on the quality of American health care. All of the reports reinforce the statement that effective treatments are available, but most people who need them do not get them.

The whole nation has learned a lot about the importance of mental health issues through the events of Hurricane Katrina and the needs of our returning soldiers and National Guard troops. We support our troops in the field, and it is critical that we continue to support them when they come home.

Finally, I would like to comment on the number of states that have moved ahead with parity. These have been long-fought battles with some states managing wonderful successes. It is so important that stronger state parity laws continue to improve the lives of people with mental illness and addiction. It is also critically important that plans not override the intent of this legislation by discriminating against those with certain diagnoses of mental illness and addiction in their coverage. I am glad to see that this legislation includes efforts to keep a close watch on this issue. The intent of this law is fairness, not discrimination.

After waiting for 15 years, we finally have mental health and addiction parity legislation in sight. If this legislation is passed, many of our citizens will be healthier, and our nation will be stronger, more resilient, and more productive.

On behalf of the millions of people affected by mental illnesses, I applaud your efforts to pass the mental health and addiction parity legislation. I know the work has been hard, but the benefits to our nation will be enormous.

We are bringing to the floor today a bill that is fully paid for, bipartisan, bicameral and a compromise, a mental health parity bill that has long been coming to this floor. It is the result of extensive negotiations between the House, the Senate, and is supported by the chairmen of the relevant House committees and subcommittees, as well as Senators KENNEDY, ENZI and DOMENICI.

We cannot afford one more day without parity, because each day five United States soldiers take their lives because of suicide. We cannot afford one more day without parity because each year $1.3 billion is lost because of those workdays due to mental disorders, more than arthritis, stroke, heart attack and cancer combined.

The World Health Organization in this chart shows you. It's hard for anyone to really understand until you see it in this chart.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. RAMSTAD. I yield the gentleman 2 additional minutes.

Mr. KENNEDY. If you look at the comparison in illnesses by lost days, burden of illness, mental illness is amongst the worst; sure, cancer; sure, arthritis; sure, heart disease, but these are illnesses that capture people usually at the end of life. Mental illnesses, addictive disorders, really paralyze people from their beginning of life throughout their life. That's why it's such a burden of illness in our society.

It catches us in the Justice Department. Drug-related crime in our country costs us $107 billion a year. We cannot afford not to have parity because 80 percent of our trauma admissions in our emergency rooms are alcohol and drug related. We cannot afford not to have parity, because by denying an individual's treatment to their diseases, we are denying them the opportunity to live out their full potential and live a full and fulfilling life.

Treatment works, as my good friend from Minnesota has said. It has worked for those who have had the opportunity to seek it.

If you are a Member of Congress, you have treatment opportunities. Like my friend from Minnesota said, he has had it; I have had it. Recovery is possible.

We need to end the stigma against those with mental illness, but it isn't going to happen until we first outlaw, outlaw, the embedded discrimination in our laws. That is what we are about to do today by passing this legislation. We simply cannot afford to wait one more day.

In fact, just today the Administration released a Statement of Administration Policy concerning an identical policy provision in the Senate tax extenders bill which reads, ''the Administration supports passage of mental health parity legislation included in the Senate amendments to H.R. 6049 that eliminates disparities between mental health benefits and medical and surgical benefits without significantly increasing health coverage costs.'' The mental health parity legislation that statement refers to is identical to the bill we are considering on the floor today.

In March, we passed H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. At that time, some of my colleagues on the other side of the aisle expressed a preference for the Senate mental health parity bill. I would urge those members to join with us now to pass this compromise bill.

Mr. Speaker, it is past time that we enact mental health parity into law.

Enacting mental health parity will affect nearly every individual in this country who has watched a friend or family member struggle with mental illness or addiction, or who has battled the disease themselves.

The bill we are passing today is one more step in the long struggle to ensure that all Americans have a chance to realize their dreams.

I ask all of my colleagues to join me in putting an end to the discrimination against mental illness. I urge a yes vote for H.R. 6983.

□ 1430

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

Mr. Speaker, I just want to take this opportunity, like the previous speaker, to thank Senators DOMENICI and KENNEDY. It has been a real privilege to work with such committed public servants on this legislation, and also the chief cosponsor in the House, the gentleman from Rhode Island, who just spoke so eloquently about this legislation.

I want to say, as I have said many times before as I have traveled this country, were the gentleman from Rhode Island's uncle, President Kennedy, still alive today, and were President Kennedy to write a sequel to his book ''Profiles in Courage,'' there would be a complete chapter about his nephew, the gentleman from Rhode Island, PATRICK KENNEDY, because not only has he been right on the policy and has done a tremendous job over the past several years fighting for parity, but also his personal story, which he

shared with people all across this Nation, has literally inspired hundreds of thousands of people to get help. He has been a real profile in courage and a pleasure to work with.

At this time, Mr. Speaker, I reserve the balance of my time.

Mr. ANDREWS. Mr. Speaker, I yield myself 1½ minutes.

Mr. Speaker, the person who is being helped and touched by this bill is someone we all know. He is a person who comes home from work and is confronted with the heartache that his son or daughter is dealing with the ravages of clinical depression. And they are worried about it, but they feel secure because they say at least we are insured. At least we can take care of her.

Then they find out that there is a $10,000 deductible before the insurance company will pay for the visits. Or they find out there is a $5,000 limit on how much care can be received.

If their daughter had broken her knee, there would be a $100 deductible and no limit on the care. But because she is dealing with clinical depression or a substance abuse problem or another mental illness, they are conscripted and limited. This person is who will be helped by the efforts of Mr. KENNEDY and Mr. RAMSTAD.

This bill is long overdue, and it will save the system money. More importantly, it will bring justice and fairness to people like the family I talked about in these remarks here today.

I congratulate Mr. KENNEDY and Mr. RAMSTAD on bringing together this broad coalition. I urge both Republicans and Democrats to vote ''yes'' on this worthy legislation.

I reserve the balance of my time.

Mr. RAMSTAD. Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, at this time I would like to yield 1½ minutes to the distinguished gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, it is time to remove the stigma and to destroy the barriers for individuals struggling with mental illness and addiction. Experienced by many of our returning brave soldiers, on the front page of USA Today, finally we have a breakthrough here.

A society of denial results in stigmatizing the admonition of emotional problems. For far too long we focused on the external injuries to the body and ignored the maladies of the mind. For too long it seemed as if we could not treat what we could not see. But modern medicine and science is showing us that these are real diseases with real treatments. It shows us that there is hope, as stated by Mr. KENNEDY and Mr. RAMSTAD.

Mr. Speaker, this is a civil rights issue. Parity removes the discrimination against a population that has been discriminated against and stigmatized. This is a humanitarian issue. Without parity, we allow those with illnesses to continue to suffer.

In closing, I would like to say that Paul Wellstone was a great and admirable man. He was a champion for this legislation. Today we honor him by passing this bill. The time is right. Let's pass this today.

Mr. RAMSTAD. Mr. Speaker, I reserve the balance of my time.

Mr. ANDREWS. Mr. Speaker, I am pleased to yield 1 minute to my friend from Pennsylvania (Mr. MURPHY).

Mr. PATRICK J. MURPHY of Pennsylvania. Mr. Speaker, I rise for the purpose of a colloquy with the gentleman from New Jersey (Mr. ANDREWS).

Mr. ANDREWS, I rise today in favor of a health care system that works for those in need. I am proud that this legislation promotes fairness for those with mental illness. I am also proud that it will not preempt stronger State laws, laws such as Pennsylvania Act 106 which has saved countless lives in our Commonwealth.

I stand with a leading Republican State representative from my district, Gene DiGirolamo, a leading advocate for mental health parity and someone who has worked tirelessly for health care laws that are fair and just.

Mr. ANDREWS, just to clarify, does the parity legislation leave intact Pennsylvania's Act 106 protections for those seeking treatment of substance abuse and similar protections in other States?

Mr. ANDREWS. If the gentleman will yield, that is correct. This bill will not preempt in any way the services and benefits provided to citizens of Pennsylvania Act 106 and similar legislation in other States. Some examples of the types of State laws that are not preempted by this bill include State laws that mandate minimum coverage, State laws that control access to benefits, and State laws that require access to out-of-network providers.

Mr. PATRICK J. MURPHY of Pennsylvania. I thank the gentleman from New Jersey, and I urge my colleagues to vote in support of this bill.

Mr. RAMSTAD. I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the chairman of the Energy and Commerce Committee, the gentleman from Michigan (Mr. DINGELL).

Mr. DINGELL. Mr. Speaker, I am proud to rise in support of H.R. 6983, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, which will permanently reauthorize and improve the Mental Health Parity Act of 1996. This legislation will put mental health and mental illness and substance-related disorders on the same footing as other medical and surgical disorders for health insurance benefits.

I would observe that we have much to thank our colleagues for. I particularly want to commend my colleagues, Representatives KENNEDY and RAMSTAD and Senators KENNEDY and DOMENICI, for their tireless efforts in crafting this important piece of legislation. They have been unwavering in their commitment to end the discrimination against those with mental health and substance abuse disorder.

I also want to congratulate and thank my friends, Mr. ANDREWS and Mr. PALLONE of New Jersey; and Mr. BARTON of Texas and Mr. DEAL, the ranking members of the Commerce Committee and of our Health Subcommittee and a superb staff on both the side of the majority and minority of the Commerce Committee.

I urge my colleagues to support the bill as it will create true parity of coverage for mental health and substance abuse disorders. I speak as one who has had to deal with the problem of mental health within the family of which I am a part, and I know the terrifying and awful consequences that exist not only to the person involved but to the whole family. So I hope that this legislation will go a long way to addressing the concerns millions of Americans have with regard to this terrifying disease.

I want to urge my colleagues to support this legislation, and note that in accordance with PAYGO rules, the bill is paid for with a worldwide interest allocation tax provision that delays a tax break for American companies that operate overseas. It is a good bill. I urge passage by the House.

Mr. RAMSTAD. Mr. Speaker, who has the right to close?

The SPEAKER pro tempore. The gentleman from New Jersey (Mr. PALLONE) has the right to close.

Mr. RAMSTAD. Are there speakers remaining?

Mr. STARK. I have two or three speakers remaining.

Mr. RAMSTAD. Mr. Speaker, I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I recognize for 1½ minutes the distinguished gentleman from Michigan (Mr. LEVIN).

(Mr. LEVIN asked and was given permission to revise and extend his remarks.)

Mr. LEVIN. Mr. Speaker, I first became involved with mental health services over 50 years ago when my beloved late wife, Vicki, worked in the network of child guidance clinics in Oakland County, Michigan. Those clinics tried to fill huge gaps in mental health services which in most cases were not covered by any insurance.

Since then the battle has ensued to provide mental health services on a parity with all other services in health insurance, private and public, including Medicare.

Twelve years ago, Congress and President Clinton came together to approve legislation that put this country on the road to mental health parity. It was a vital first step.

Today, we take another important step towards genuine mental health parity. Fifteen percent of Americans have no health insurance at all. Even Americans who do have health insurance often find themselves unable to receive care because of discriminatory policies in their health plans that require them to pay more and receive less for mental health care than for

other services. This bill will change that.

This bill is another milestone in the long battle that must continue until everyone has full access to mental health services in our beloved Nation.

The SPEAKER pro tempore. The Chair will advise the gentleman from Minnesota that he has 6½ minutes remaining. The gentleman from New Jersey (Mr. ANDREWS) has 2 minutes remaining. The gentleman from New Jersey (Mr. PALLONE) has 2 minutes remaining. And the gentleman from California (Mr. STARK) has 2½ minutes remaining.

Mr. RAMSTAD. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Mrs. NAPOLITANO).

Mrs. NAPOLITANO. Mr. Speaker, I thank the authors of this wonderful piece of legislation, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. This action is long, long overdue.

As Chair of the Mental Health Caucus here in Congress, we have been working and dealing with this issue for over 10 years. Mental health and addiction services are decades behind other services. We must recognize that the brain is part of the body and it also has rights. Stigma has always been a part of what has prevented us from being able to move forward to work for the benefit of the people.

It used to be businesses indicated that family leave was going to be a detriment and costly. It turned out not to be. This has that same effect. It is going to be a saver.

It is my deepest hope that this will open the gates for further legislation addressing mental health, whether addiction or other issues. Suicide is the third leading cause of death in young people aged 10 to 24. It can lead to academic failure, family conflicts, substance abuse, violence, incarceration and alarming rates of suicide.

The SPEAKER pro tempore. The gentlewoman's time has expired.

Mr. RAMSTAD. I yield the gentlelady an additional minute.

Mrs. NAPOLITANO. I thank the gentleman.

The cost to society, to businesses and our families is unacceptable, and we need to move forward. Seventy-nine percent of those treated experience reduction of symptoms. We will continue to see these things crop up, whether it is veterans returning from Iraq, catastrophic happenings in our country such as 9/11, the hurricanes, the floods, the fires, all of that is going to cause us to continue to have a better, longer look at the effects it is costing our society, and the cost to our businesses and to our country. Our government cannot continue to ignore this issue. It affects our businesses and our health industry. They need to recognize this, and Congress has got to be able to recognize they can no longer ignore this. It affects the quality of life, and it is vital for the health and well-being of our communities and our schools.

I urge my colleagues to support this vital legislation. Let's move on and remove the stigma for mental health.

Mr. RAMSTAD. Mr. Speaker, I reserve the balance of my time.

Mr. ANDREWS. Mr. Speaker, I am pleased to yield at this time 1 minute to the gentleman from New Jersey (Mr. HOLT).

Mr. HOLT. Mr. Speaker, I thank the gentleman.

Today is a landmark day. Three cheers for PATRICK KENNEDY, JIM RAMSTAD and for the late Senator, my friend, Paul Wellstone. Today Congress makes clear that health is about more than having a healthy body, but being a complete individual from head to toe.

We know that mental illness is treatable, yet because maybe one-third of the people affected do not receive the needed treatments, mental illness remains a leading cause of disability and premature death. Untreated mental illness is costly to individuals, to families, to companies large and small; yes, to the entire society. But from now on, millions of Americans who suffer from mental illness will receive full access to the treatment they need and deserve without higher copays and treatment limits.

Finally, I am pleased to say that this bill protects States like New Jersey who go above and beyond coverage requirements that this legislation establishes. There is more to do, but this is a landmark, red letter day.

Mr. RAMSTAD. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Washington (Mr. BAIRD).

Mr. BAIRD. I thank the gentleman.

Before coming to Congress, I spent 23 years as a clinical psychologist. Let me share with you two key points. One, mental illness is not only debilitating, it can be fatal. But we can treat mental illness. The treatment for mental illness is research based. It is effective, it is cost effective, and it saves the American people in terms of quality of lives and dollars, and it is long past time that we stop discriminating.

□ 1445

I want to commend PATRICK KENNEDY, JIM RAMSTAD, all the cosponsors of this bill, and all the associations and the individuals who have worked so hard to, at long last, see it pass.

Support this good bill. Make mental health parity reality at long last.

Mr. RAMSTAD. I reserve the balance of my time.

Mr. STARK. Mr. Speaker, I would be happy to yield the balance of my time to the distinguished gentleman from Illinois (Mr. EMANUEL).

The SPEAKER pro tempore. The gentleman is recognized for 2½ minutes.

Mr. EMANUEL. Mr. Speaker, the issue of mental health parity doesn't always grab the biggest headlines, but the hard work that Democrats and Republicans have done to pass this landmark legislation will not go unnoticed.

For too long, millions of Americans with treatable mental illnesses have gone without care. Some in the business community and the insurance industry said mental health parity simply costs too much, declined to provide that type of coverage, and patients and their workers and their families suffered.

As those that know, when one individual in the family has an illness, a mental illness, the whole family is affected. That wrong ends today with this legislation. It ends because Democrats and Republicans, under the leadership of PATRICK KENNEDY, TED KENNEDY and JIM RAMSTAD, came together to back this landmark legislation, and never gave up.

It ends because even once-skeptical insurance companies and the business community across the country, know that mental health parity is cost effective, and helps ensure that American workers and their families remain healthy and productive. And it is a tremendous victory for the millions of Americans who will finally have access to this type of care.

This issue might not always be on the front page of the newspaper, but millions of Americans will finally get care they need and they will remember the work of those of us who do this.

I'd also like to add a note that while I was campaigning for Congress, I wrote an op-ed on this issue because I had worked in a White House that through executive order, President Clinton signed, as you remember, legislation, JIM, that insured that Federal workers had this and set a model for Federal employees. Not one op-ed I had got more comment from people at the subway stops, at the grocery stores, people who wanted to usually talk about something else until you began that discussion, never really began this discussion, but it touched people of all walks of life, whether it was at the grocery store, on the way to work or on their front doorstep. They told you about what was going on in their family.

Again, it's not the biggest headline; it's not the greatest. It's an important piece of legislation to give people peace of mind that they don't have to hide given the illnesses of depression and other types of substance abuse that they are facing, they now have an insurance policy that allows them and, again I want to say, their family to get protection, because one sick member of a family, with this type of illness, the entire family is affected.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. RAMSTAD. I yield an additional minute to the gentleman, Mr. Speaker.

Mr. EMANUEL. I would like to thank Mr. RAMSTAD for that. I will try to not use that whole time.

But this is the type of thing that you will find that people who normally wouldn't talk to you about it will tell

you stories of their family, their loved ones, their children who are facing illnesses, and you'll have done something to give them something; and it's ironic and I use this and I mean it when I say, a peace of mind. They will finally know that their sick child who is facing depression can get that care and it doesn't affect the whole family. And they know they got the type of care and they don't have to face a financial decision and being a good parent decision.

We're doing something that allows people to go on with their lives. I want to thank JIM and PATRICK and TED KENNEDY for never giving in. When all of us wanted to say, you know, it's just not the right time, it's too hard, the insurance industry doesn't like it. You never gave in. You never gave up. This is your day for making sure America lived up to its best potential. I want to thank you on a personal level from the floor. Thanks, JIM.

The SPEAKER pro tempore. The gentleman from Minnesota (Mr. RAMSTAD) has 4½ minutes left. The gentleman from New Jersey (Mr. ANDREWS) has 1 minute left. The gentleman from New Jersey (Mr. PALLONE) has 30 seconds left.

Mr. RAMSTAD. Mr. Speaker, in closing, I just want to thank all of those who have brought us to this point here today. As one who's worked on this legislation for 12 long years, it's truly been a team effort. I want to thank all of the organizations, all of the individuals, too many to mention here today, but I want to thank particularly David Wellstone and Allan Garrity from Senator Wellstone's staff who have kept the legacy of Paul Wellstone alive in terms of moving this mental health and addiction treatment parity legislation.

I also want to thank the 274 bipartisan cosponsors of the current bill. I want to thank the leadership of Speaker PELOSI, Majority Leader HOYER, because without their leadership we wouldn't be here today about to pass mental health parity.

I want to thank the distinguished chairmen of the full committees and the subcommittees and the other side of the aisle whose cooperation has been incredibly positive and helpful; and without their support, every one of you, without your support we wouldn't be here today as well.

I want to thank the leadership and the tireless efforts of my friend from Rhode Island, the chief cosponsor, PATRICK KENNEDY, who has worked so hard on this legislation from the minute he was sworn in as a Member of the House.

I want to thank all the staff from the full committees, the three full committees of jurisdiction, as well as the three subcommittees of jurisdiction.

And I particularly want to thank Karin Hope, my legislative director, who has worked on this legislation day and night for all 12 years that we've worked together.

Let me just wrap it up, Mr. Speaker, by saying that it's time for Congress to deal with America's number 1 public health problem. It's time for Congress to outlaw discrimination in treatment against people with mental illness and chemical addiction. It's time for Congress to pass mental health and chemical addiction treatment parity.

I yield back.

Mr. ANDREWS. Mr. Speaker, I am pleased to yield the balance of our time to the gentlewoman from California (Mrs. DAVIS).

The SPEAKER pro tempore. The gentlewoman is recognized for 1 minute.

Mrs. DAVIS of California. Mr. Speaker, as everyone has said before, this bill is a victory. It may not be everything that everyone had hoped to get into this bill, but it is going in the right direction. It does ensure treatment, it does address the stigma associated with mental health disorders.

I just wanted to point out that we have so many of our servicemembers who are coming home who have fought in Iraq and Afghanistan. And they are coming home and transitioning to civilian life. But they are going to find some barriers as well. The barriers to mental health care are really playing themselves out today because I just talked to a family just a little while ago, and they felt that even though we're starting to put in some of those services, there's great resistance to people seeking that kind of care.

This bill begins to change that. It sends a very clear and a very direct message that mental health care is as important as physical care. We wouldn't stop people in the middle of their treatment for something of stomach ulcers. You cannot stop people in the middle of their treatment for mental health disorders.

Mr. Speaker, I'm pleased this bill is on the floor.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized for 30 seconds.

Mr. PALLONE. Mr. Speaker, this bill would allow those individuals and families struggling to cope with the diverse array of mental illnesses to have greater access to affordable care. We can't delay any longer.

I strongly urge my colleagues to vote in favor of the passage of this important legislation which will ensure access to equitable health coverage for the millions of American who suffer from mental illness.

Mr. LARSON of Connecticut. Mr. Speaker, I rise today in support of H.R. 6983, the ''Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.'' I would first like to commend Representative PATRICK KENNEDY and Representative JIM RAMSTAD on their outstanding efforts and tireless work on this important issue.

For far too long too many individuals and families have struggled with mental health illness and substance abuse disorders and yet have faced a health care system that provided them with unequal access to care. This bill is a step in the right direction for our country as it provides another degree of fairness for our citizens.

In short, it ensures that group health plans can no longer charge people more for seeking treatment for mental health or substance abuse problems. It also provides that out of pocket and visit limits may be no different for mental health and substance abuse care than for other medical care.

According to a report by the Lieutenant Governor's Mental Health Cabinet in Connecticut, of the nearly 600,000 of our state residents who experience symptoms of mental illness, 135,000 suffer from a serious condition and 66,000 suffer from a severe condition. Countless others suffer from debilitating substance abuse disorders. These problems are every bit as serious as other medical conditions and must be treated by our health care system as such.

Again, I want to commend my colleagues who worked so hard on this issue to reach a bipartisan compromise and reiterate my strong support for this legislation.

Mr. COURTNEY. Mr. Speaker, stigmas surrounding mental health illness have negatively impacted disease acceptance, and in turn, access to quality care and treatment. For too long, members of our eastern Connecticut community and Americans across our nation have suffered the consequences of these inequalities in our health care system. Today, we have the opportunity to ease access to quality care and treatments for those with mental illness by passing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (H.R. 6983).

In 1996, the Mental Health Parity Act codified the first national mental health parity requirements, mandating that annual and lifetime dollar limits on coverage for mental health treatment be no less than those for physical illness. While this legislation marked a monumental achievement with improving access to mental health care and treatments, more must be done.

Throughout the 110th Congress, the House and Senate have worked on mental health parity legislation that will extend coverage requirements beyond those established in the Mental Health Parity Act of 1996. The Mental Health Parity Act (S. 558) introduced in the Senate and the Paul Wellstone Mental Health Parity and Addiction Equity Act (H.R. 1424), which I cosponsored in the House, both extend coverage mandates to include equity in copayments, deductibles, as well as in- and out-of-network coverage. On March 5, 2008 and September 17, 2007, the House and Senate respectively passed H.R. 1424 and S. 558 with bipartisan support. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act reflects a compromise between the House and Senate bills, and more broadly, an equitable standard for mental health care coverage.

Mr. Speaker, nearly one in four Americans suffers from a diagnosable mental disorder. By passing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act we recognize the prevalence and seriousness of mental health illness as well as the need for expanded coverage. I ask my colleagues to join me in voting in favor of this critical legislation.

Mr. VAN HOLLEN. Mr. Speaker, I rise in strong support of this long overdue bipartisan legislation, and I want to commend and thank

our colleagues, PATRICK KENNEDY and JIM RAMSTAD, for their leadership on this very important issue that is so important to millions of Americans around this country.

The bill before us today is the product of their determination, perseverance and passion. They traveled across this great land holding field hearings listening to Americans from all walks of life. I had the privilege of hosting one of those hearings in my congressional district. The message from that hearing, as with other hearings from around the country, was very clear—Congress needs to end insurance discrimination in mental health care.

Both common sense and simple fairness dictate that mental health diseases be treated on an equal footing with other conditions. Unfortunately, employer-provided health care set stricter treatment limits and imposed higher out-of-pocket costs for mental health care for many years. The Paul Wellstone and Pete Domenici Mental Health Parity Act of 2008 will reverse this practice and ensure that group health plans do not charge higher co-payments, coinsurance, deductibles, and do not lower day and visit limits on mental health and addiction care than for medical and surgical care.

Mr. Speaker, this bill is completely paid for. Let us honor the spirit of Paul Wellstone and pass this much-needed legislation. I strongly urge my colleagues to vote for it.

Mr. PALLONE. 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. 6983, 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. PALLONE. Mr. 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.

RECOGNIZING THE 150TH ANNIVERSARY OF THE FOUNDING OF MACY'S, INC.

Ms. VELÁZQUEZ. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1473) recognizing the 150th anniversary year of the founding of Macy's, Inc., as an American entrepreneurial success story and the role Macy's, Inc., plays in supporting America's small businesses and vendors, including those that are minority and women owned; celebrating the vision, innovativeness, and ingenuity of all of our Nation's small businesses.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1473

Whereas, on October 28, 1858, 36-year-old entrepreneur Rowland Hussey Macy opened a small dry goods store know as R.H. Macy & Co. at the corner of 14th Street and 6th Avenue in New York City;

Whereas the early struggles of R.H. Macy & Co. are representative of all American small businesses and indicate the intense drive and spirit of our Nation's entrepreneurs;

Whereas Rowland Hussey Macy adopted a red star as his symbol of success, dating back to his days as a sailor, and had first-day sales totaling $11.06;

Whereas, after the first full year in operation, R.H. Macy & Co. had gross sales of almost $90,000, and, by 1877, nearly 20 years after it was founded, R.H. Macy & Co. had become a full-fledged department store occupying the ground space of 11 adjacent buildings;

Whereas, as small businesses must evolve to remain competitive in the marketplace, Macy's is known for several firsts that changed the retail industry, including being the first retailer to promote a woman, Margaret Getchell, to an executive position, pioneering such revolutionary business practices as the one-price system, in which the same item was sold to every customer at one price, and quoting specific prices for goods in newspaper advertising;

Whereas the competitive pressures facing small retailers such as Macy's compelled it to pursue creative merchandising initiatives, including being the first to introduce such products as the tea bag, the Idaho baked potato, and colored bath towels;

Whereas, by November 1902, the small store had outgrown its modest storefront and moved uptown to its present Herald Square location on Broadway and 34th Street, establishing an attraction for shoppers from around the world;

Whereas, as Macy's, Inc., has grown, it has not forgotten its heritage as a small business and promoted small firms, pursued supplier diversity initiatives, and assisted in the growth of talented entrepreneurs by striving to purchase and support vendors who are certified as minority or women owned;

Whereas Macy's, Inc., purchases goods and services from these small business enterprises and encourages prospective suppliers to partner with it and take advantage of its Supplier Diversity Program and provides participating vendors with direction and guidance to help them plan and ready for the strategic demands of a larger-scale retail relationship; and

Whereas Macy's, Inc., held its first-ever national supplier diversity fair in New York City in August 2007 targeting the minority- and women-owned vendor community in the cosmetics and skincare categories with the goal of enhancing Macy's existing assortment for its diverse multicultural customer population: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes—

(A) the 150th anniversary year of the founding of Macy's, Inc., as an American entrepreneurial success story; and

(B) the role Macy's, Inc., plays in supporting America's small businesses and vendors, including those that are minority and women owned;

(2) celebrates the vision, innovativeness, and ingenuity of all of our Nation's small businesses that aspire to grow and prosper as Macy's, Inc., has over its 150-year history; and

(3) congratulates Macy's, Inc., as an American entrepreneurial success story.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New York (Ms. VELÁZQUEZ) and the gentleman from Ohio (Mr. CHABOT) each will control 20 minutes.

The Chair recognizes the gentlewoman from New York.

GENERAL LEAVE

Ms. VELÁZQUEZ. Mr. 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 resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. VELÁZQUEZ. Mr. Speaker, I yield myself as much time as I may consume.

I rise in support of this resolution in celebration of Macy's 150th anniversary. Both the City of New York and the small business community have benefited immensely from the success and generosity of this American icon.

As anyone within the small business community will tell you, the best entrepreneurs are more than just businessmen. While it is obviously important to have a head for numbers and risks, there is another, more critical, element involved. In order for an entrepreneur to make history, in order to be truly great, he or she must also be an innovator. Roland H. Macy was just that kind of man.

Today, we are saluting the business that Macy founded 150 years ago, a company that began small but, through hard work and enormous innovation, has come to stand as a symbol of the American Dream.

When Macy opened a small dry goods store in 1858, he probably never expected it to become a multi-billion dollar business. After all, he first reported sales added up to a grand total of $11.06. Still, it didn't take long for Macy's venture to become a success.

□ 1500

A century and a half after it first opened its door, that little dry goods shop has grown to become a national department store chain.

Macy's remarkable growth stands for more than just hard work and good business sense. R.H. Macy, like any successful entrepreneur, was a tireless innovator. As chairwoman of the Small Business Committee, I see that same sense of innovation in the entrepreneurs I work with. It is the spirit that drives people to start businesses in the first place.

Macy's small business success was largely rooted in its ability to innovate. Indeed, the department store pioneered many of their retail practices we now take for granted. For example, it was the first to adopt the one-price system through which every item is assigned a single fixed cost.

Macy's has also consistently outshone its competitors by offering new and novel products. Take, for instance, color bath towels, or the Idaho baked potato, or the tea bag. None of these commodities were available to the mainstream until Macy's brought them to market.